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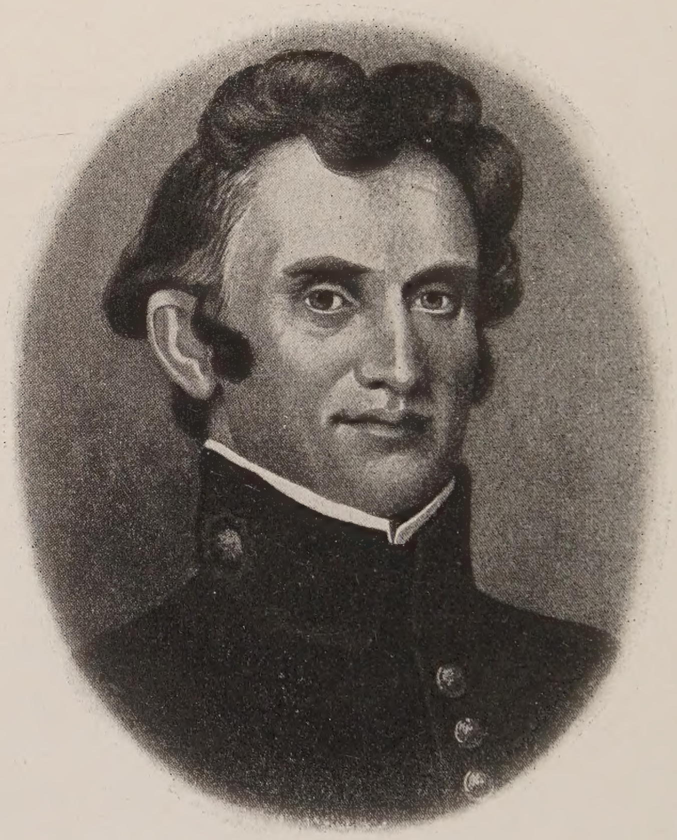
MEDICAL HISTORY OF MICHIGAN

A "Famous Last Word"
(Apologies to Ted Cook)

"Histories of medicine by doctors, of law by lawyers, of art by critics, are from our point of view written by untrained amateurs."

—Dixon Ryan Fox in *American Historical Review,* January, 1930.



Dr. William Beaumont

From *The Life and Letters of Dr. William Beaumont*
by Jesse S. Myer. C. V. Mosby Company, St. Louis.

MEDICAL HISTORY
of MICHIGAN

VOLUME I

Compiled and Edited by a Committee
C. B. BURR, M. D., *Chairman*
and
Published under the auspices of the
Michigan State Medical Society

THE BRUCE PUBLISHING COMPANY
MINNEAPOLIS *and* SAINT PAUL

1930

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PREFACE

AT THE meeting of the State Medical Society in Lansing in 1926 "a resolution was introduced and passed by the House of Delegates to get started some work on the history of medicine in the State of Michigan." Pursuant to this resolution, under instruction of President-Elect J. B. Jackson, the following notification was issued:

Grand Rapids, Michigan,
December 7, 1926.

Dr. C. B. Burr, Flint, Chairman,
Dr. J. H. Dempster, Detroit,
Dr. W. H. Sawyer, Hillsdale,
Dr. J. D. Brook, Grandville,
Dr. W. J. Kay, Lapeer,

Please be advised that President Jackson has appointed the above members to form the committee instructed to compile a Medical History of Michigan.

If there is any service that this office can render to the Committee, you have but to command it.

F. C. Warnshuis,
Secretary-Editor.

Subsequently Dr. J. D. Brook resigned from the Committee and Dr. Winchester was appointed in his stead.

Grand Rapids, Michigan,
November 4, 1927.

Dr. Walter H. Winchester,
516 Genesee Bank Building,
Flint, Michigan.

Dear Doctor Winchester:

I have the honor to inform you that President H. E. Randall has appointed you as a member of the committee on Medical History, of which Dr. C. B. Burr of Flint is Chairman. Your appointment is to fill the place created by the resignation of Dr. J. D. Brook, who is unable to serve.

I trust that you will accept this appointment and render to Dr. Burr and his committee the services of which you are so capable.

Yours very truly,
F. C. Warnshuis,
Secretary-Editor.

During the preparation of this work, the following physicians have served as officers of the State Medical Society. One and all have given cordial and constant support to the undertaking.

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INTRODUCTION

> **"George Rogers Clark's stubborn grip on the Northwest Territory gained in 1778 was the principal factor in securing it for the United States in the negotiations which resulted in the treaty of 1783 although Great Britain retained it till 1794, for trade reasons, and tried to regain it in 1812."**
>
> —*History of Medical Practice in Illinois.*

"Virginia Finds Michigan State Birth Document"

UNDER this heading was reported in the press, November 15, 1927, the discovery in the "musty archives of the State of Virginia" a document by which Virginia conveyed the great Northwest Territory to the United States. It is signed by two former presidents, Jefferson and Monroe, and stipulated that the states to be formed therefrom should be "distinctly Republican states and admitted members of the federal union" and "limited in size to not less than 100 and not more than 150 miles square."

Out of this territory Michigan, Ohio, Indiana and Illinois were carved. The deed reserved for General George Rogers Clark, Commander of the Virginia forces in the Revolution, a tract of 150 acres "as a reward for himself and his army." He it was who "led various reprisal raids against Governor Henry Hamilton of Detroit, the notorious 'scalp buyer.'" These raids were principally responsible for British action in ceding the territory in the treaty of 1783.

Michigan

> *" 'Mitchigan, Michee'gan and Michigan' ' were some of the pronunciations and accentuations which 'split the ears of the groundlings' from this peninsulam amœnam at the late Buffalo* [*1876 American Medical*] *meeting. Ye Gods! What did we ever do that we should be treated thus."*—J. J. M. in *Michigan Medical News.*

Derivation of the Word—Choose Your Own

Gallinée writes of a journey in 1670, "We entered the largest lake in all America called the Fresh Water Sea of the Hurons *(Mer douce des Hurons)* or in Algonkin Michigane, thus indicating the latter word to be the translation of *Mer* or Sea."[7] "Michigamea or Mitchigama means 'great water' and is the name of a warlike tribe on the lake of the same name who fused with the tribes of the Illinois Confederacy. . . . The historian Shea says our word Michigan is derived from this." (*Michigan Pioneer and Historical Collections,* Volume XXI.)

The ceremony of giving some presents into their charge was performed by the interpreters as soon as they arrived at the Village of the Fox Indians, writes Vaudreuil, October 12, 1717 (*See Chapter on* Epidemics and Prevailing Diseases). They "testified that they retained no resentment for the death of Pemoussa and Michiouaouigan" from smallpox. (*Michigan Pioneer and Historical Collections,* Vol. XXXIII.)

I hold it less hazardous to write of things past than present.—MONTAIGNE.

Why a Medical History

"There is a particularly striking appeal in the solace that medical history holds in her lap for the medical man. No consuming ambition unattained, no scientific yearning, no tragic failure, no brilliant achievement may fall to his lot unaccompanied by the steadying thought that to greater or less degree, sometime in the past, some other physician has experienced similar emotions. When the wreath is withered and the cross too heavy, there is a grain of comfort in knowing, for example, that even Æsculapius, the Greek god of medicine, after he had restored Hippolytus to life, instead of a reward incurred destruction by fire at the hands of Zeus because his professional skill excited the wrath of the jealous deity." (*Medicine, An Historical Outline.* M. G. Seelig, M.D. Williams & Wilkins Co., Baltimore, Md. Page 2.)

The following letter from the accomplished Dr. O. C. Comstock, Jr. was read at the meeting of the State Medical Society in 1881.

Marshall, June 3, 1881.

Geo. E. Ranney, M.D.
Dear Sir:

It would give me the greatest pleasure to attend the meeting of the State Medical Society at Bay City, but the illness of Mrs. Comstock will prevent my leaving home.

More than 50 years ago I received my medical degree, and in every subsequent year I have read medical literature with no diminished, but on the contrary, with an interest increased by years and the marvelous developments of medical and surgical science.

A thoroughly educated and virtuous doctor is the highest type of man. He stands between "the living and the dead." His wasting mental and physical labor goes without appreciation and often without reward. Nevertheless, he has an undoubted right to live in history, for his own sake, and the sake of the good cause with which his life has been crowned.

Now, doctor, what has the State Medical Society done toward perpetuating the life and services of her deceased and honored members? The State Pioneer Society are doing, as you know, an important work—no less than the gathering up the golden grains of history from the fast fading past, not for themselves so much as for posterity. The record of events, to be accurate, should be recent. The lapse of time involves, necessarily, the lapse of absolute accuracy. Will you not urge upon the State Medical Society the importance of this thing, and induce them at its coming session to appoint historians in each county represented in the Society, to furnish memoirs of deceased medical men in their several counties for preservation in the archives of the Society?

In Calhoun County we have just the man for such a service, *viz.,* Dr. Edward Cox of Battle Creek. He is a pioneer doctor, and an able man, and is yet actively and successfully engaged in practice.

If I were at Bay City, I should present the subject myself, but I am happy to leave it in your hands. Maybe my excellent old friend, Dr. James Jerome, will lend his influence to the furtherance of this desirable end.

Fraternally yours,
O. C. COMSTOCK.

"Dr. Pratt asked that the Secretary be instructed to publish Dr. Comstock's letter in the minutes of this year.

"Dr. Bennett: I think we are deferring this whole matter longer than there is any necessity for. Why cannot this Society express its will and wish at once and carry the suggestions into effect?

"Dr. Pratt: It would take too much time.

"Dr. Bennett: Maybe that is so. The idea crept into my head, however, and I had to get it out some way."

And at a meeting of the State Medical Society, the "Pioneer Doctor" Cox said:

"In Calhoun County our Society has a committee to write up obituary notices and biographies of its members. I would suggest that this Society correspond with local societies for the purpose of procuring reports for our own Society as well. I make this as a motion."

"Dr. Pratt: Certain practical questions arise here that require more deliberation than we can give them at present. After we get all the obituaries what are we going to do with them? This, I repeat, is a serious practical question, and should receive mature consideration."

A Medical History answers in part this interrogation of Dr. Foster Pratt, but can concern itself only in a casual manner with the purely statistical. Birth, death, education and location are episodes. A history of medicine should so far as possible embalm the acts, the lives, of those who have made it, but, regrettably, it can at best but record an infinitesimally small fraction in the sum total of good which the members of the profession have contributed to the health, the wealth and well-being of any community. Verily, "their works live after them" and few, very few, blots appear upon the pages which reveal their sacrifices, their devotion and their integrity. More judicial than the jurist, more tolerant than the theologian and wholly human in their outlook, the influence of physicians is immeasurable in the safeguarding of society. In "piping days of peace" they are concerned with the material and moral welfare of all; in times of war, the medical profession and its nursing and pharmaceutical allies are the only professions exclusively, intelligently and practically devoted to minimizing its terrors, and the conservation of human life.

In the preface to an interesting "History of the Grand Traverse Region" which Dr. M. L. Leach of Traverse City compiled and which was published in *Michigan Pioneer and Historical Collections* he modestly writes:

"That the work is imperfect cannot be denied; that it contains inaccuracies of minor importance is highly probable. Should it ever attain to the honor of being published in book form the author will be glad to avail himself of all possible aids in correcting in that edition the faults of this. To this end friendly criticism and communication of further interesting facts are cordially invited."

It seems to the Committee that the foregoing furnishes a worthy model for the emulation of historians.

The following extract is taken from the *Journal of the Michigan State Medical Society,* May, 1928: "Names such as these, and qualities and characteristics such as these in one's confrères and professional forebears make life worth its price. Perpetuating them is the principal *raison d'etre* for a medical history."

Medical Evolution

Medicine as a Science and Art has developed so prodigiously in recent years that but scant attention can be paid to its progress later than to the dawn of the twentieth century. The hope of the projectors of this history is to deal as well as may be with Michigan medicine and surgery during the evolutional period. Characters that came upon the stage subsequent to the close of '99 and many episodes of outstanding medical interest occurring since that time must await recognition by future scribes. Exception to this may be found here and there, however. An example will be found in the chapter devoted to the Military Service of Michigan Physicians, where loss of life, deeds of valor, and distinction conferred during the World War are noted. The heroism and self-sacrificing devotion of physicians who so promptly and generously responded to their country's call in this direful emergency, redound to the everlasting credit of the Michigan medical profession.

In the original draft volume and page were introduced with foot-note references but in the last revision this has been found unpractical, in view of expense of printing and proof-reading. It is hoped to preserve the originals that references may be "checked up" in case a curious or unsatisfied reader finds it impossible to discover the sources of quotations and excerpts.

References

References to sources of information do not imply literal transcription except where the phrasing is enclosed in quotation marks. The exigencies of the situation necessitate abbreviation of much excellent material.

But cursory reading is required to discover how largely the publications of the Michigan Historical Commission and its secretary, George N. Fuller, Ph.D., have been laid under contribution in the preparation of this history. The statement is also true of the Burton Historical Collection, the Landmarks of Wayne County and Detroit by Ross and Catlin, and the various county histories of Michigan; also of Friend Palmer's "Early Days" and other sources.

Sources of Frequent Quotations

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Early Days in Detroit—Friend Palmer.
Manners, Customs and Condition of the North American Indian—Catlin.
Historic Michigan—George N. Fuller, Ph.D.
Burton Historical Collection—C. M. Burton.
U. S. Bureau of Ethnology Publications.

Primitive Man in Michigan—W. B. Hinsdale, M.D.
Eighteenth Century America—Crèvecœur, Yale University Press.
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Portrait and Biographical Album, Ingham and Livingston Counties.
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The City of Grand Rapids and Kent County Up-to-Date.
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Our Line—Publication of Kalamazoo Laundry Company.
Transactions Detroit Medical and Library Association.

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Mr. W. V. Smith, Flint.

Miss Evelyn Labinsky, Editor *The Quill,* Flint.

Mr. H. M. Nimmo, Editor *Detroit Saturday Night.*

Mr. J. T. Reeder, Houghton.

Editors, *Liberty,* New York City.

George Matthew Adams, Ph.B., New York.

Editors, *North American Review,* New York.

Editors, *Atlantic Monthly,* Boston.

Editors, *Scribners,* New York.

Editors, *Detroit Free Press,* Detroit.

Bobbs-Merrill Company, Indianapolis.

The Macmillan Company, New York.

C. V. Mosby Company, St. Louis.

Chapter I

The Doctor Mainly from the Layman's Viewpoint

"It is not dangerous, as in a medicinable drug whether in an old tale or report, be it thus or thus, so or so."

—MONTAIGNE.

CHAPTER I

The Doctor

Mainly from the Layman's Viewpoint

By C. B. Burr, M.D., Flint, Michigan

"To see oursel's as ithers see us"

IT IS helpful and disciplinary though not invariably contributory to self-esteem for the physician to contemplate his significance from other than the professional angle. A layman's judgment may in the Doctor's opinion betray some lacking in appreciation and but faintly sound the note of stimulation to exalted endeavor, but cannot be wholly disregarded in a complex society. The writer read somewhere† this serious tribute to medical progress from a Michigan pioneer—that "by the science of phrenology we find that the organs of the brain determine the capacity of the mind and thought, that magnetism and psychology too have explained to us the mysteries of human life with its intermediate relations all of the way from the grossest material to the most etherial (*sic*) or angel world."

Of this illuminating discourse an orator disencumbered his system at a public assembly in the last quarter of the nineteenth century, during which "our flag now floats proudly on every sea and in every harbor in the world, giving safety and protection to all the people."†

"Floats proudly." Such boastfulness, in essence juvenile, might have been remotely related to the truth at the time it was voiced, but may now be regarded as possibly a confirmation of the warning: "Pride goeth before destruction and a haughty spirit before a fall."

"Protection to all the people," indeed, in a bandit-burdened, crime-cursed and speed-saturated age where contention by the embattled hosts of the Medical Profession with the great adversary, looking to the conservation of human life and increasing its average duration, is a continuous and discouraging performance.

The public in this hitherto relatively happy land will vainly look for protection of life and property from anti-social elements even in the old home town, to say nothing of overseas harbors, and the pedestrian will, if wise, watch his step in preparation to dodge the swift oncoming moron (euphemistically yclept "motorist") at the steering wheel.

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†He knows the exact source of information but chooses to preserve the secret.

To pursue the subject further. For the following estimate the profession is under lasting obligation to a minister who revealed in 1890[14] that the work of the physician "is not so much in public as in the seclusion of our homes and few of them enjoy a state-wide reputation. Among the great multitude of them we can only name Henry B. Baker, Homer O. Hitchcock, Edward S. Dunster, David K. Underwood, and Joseph Bagg. Of New England parentage were Drs. John L. Whitney [Whiting?], John R. [*sic*] Beach of Coldwater, Foster Pratt, Z. E. Bliss, C. C. Turner, Alonzo Cressey, A. B. Palmer, A. F. Whelan, and Lyman Brewer."

Here are at least a few names preserved from oblivion, and the enumeration is repeated mainly for the purpose of emphasizing the value of humility among that large, remaining contingent of the "multitude" whose merits have not met with ecclesiastical recognition.

Next in testimony of appreciation comes the lawyer. "The Law and Medical Students at the University of Michigan in 1859 and 1860 were not as a rule educated, and their clothes, manners, and often their grammar shocked the delicate sensibilities of the more fortunate *literati.* It jarred some of them to hear 'I seed,' 'I knowed,' 'them molasses,' "—and so forth. This is from George D. Chafee, [12] oldest living graduate of the Law School. "He is now past eighty-seven," records a foot-note, the accuracy of which the present writer is not inclined to question. On a visit in 1924 Mr. Chafee could not recall a single feature of Ann Arbor. "The little old Medical College where on Saturdays we saw the clinics and heard the Physicians' views on medical jurisprudence has been replaced by a most beautiful, elaborate and commodious structure with lecture rooms, operating rooms, rest rooms, nurses' rooms, consulting rooms, everything to aid in making the M.D. as near wise and skillful as possible."

However resentful a physician justifiably may be of the sweeping classification of "Laws" and "Medics" in one group, of so-to-speak, *illiterati,* there is evidence from an apparently impartial source that the early education of physicians in the Northwest Territory from which Michigan was carved, measured by present day standards, left much to be desired. Cultural conditions improved after 1851 through the operation of the Medical Department of the University but of education of physicians in general of that period, the following frank opinion written from Jeffersonville, Indiana, in 1819, is of interest.

"The medical men here are all doctors, nor is the inferior degree, surgeon, at all recognized. In new settlements many practice on life and limb who have not obtained a diploma of any medical school. The smallness of their laboratories renders it probable that the universal medicine is included. Here too there are honoured exceptions; and the medical colleges instituted at Cincinnati and Lexington may soon furnish more accomplished practitioners."[5]

What is meant precisely by "universal medicine" is not obvious but on the contrary the mention of the "inferior degree," that of surgeon, is full of clarity. However, it seems inexpedient for a mere reviewer to go farther than to record the opinion. It would be supererogatory and scarcely within his province to pass upon its perspicacity.

Eventually, true artists were evolved in this specialty. This is emphasized by Dr. Schuyler C. Graves of Grand Rapids in "The Poetical in Surgery," the subject of the annual address to the State Medical Society in 1895. He admits there are "surgeons of the peacock type" who "make much noise" and "exhibit an ample spread of gaudy tail" but on the other hand, it has been his pleasure "more times than once to recognize the nightingales of our art, the surgical Longfellows, Rembrandts, Michel-Angelos and Schumanns" who pour out "their melody of action in streams of living song."[17]

Hemostatic forceps saved the former "pour(ing) out" situation.

The claim of progress in the surgical field is further made in the rather sonorous words of Dr. E. B. Smith of Detroit in a paper on "Pathological Lesions of the Inferior Maxillary Bone." "The strides of surgery have not alone made themselves felt in abdominal and pelvic surgery, but all along the line modernizing influence, guided by scientific methods of research which is daily being carried on in and out of the laboratory, is placing our art where she belongs. Nowhere is charlatan prevented from working her outrageous and devilish humbug; but upon the face and about the mouth she feels that there is an *untrodden field*† for her, and here the practical, careful, scientific surgeon can make himself felt in his calling."[17]

One may if he desires lay the flattering unction to his soul that sweeping generalizations may be discounted as no better than half-truths. In any event the gratifying fact remains that early in the nineteenth century near the time Flint's "Letters from America"[5] were written several physicians of conspicuous ability were located in Michigan.

It may be a source of surprise to those of the present generation, where modesty and self-effacement are distinguishing characteristics of the physician and more particularly the surgeon, to learn that these attributes were by no means invariably present and conspicuously outstanding in those of an earlier day. On the contrary the impression a recorder of history derives from reading biographical sketches and memorial notices is, that incidents related to environment and overcoming in the good old days inspired a degree of self-confidence—not to say, self-appreciation—barely justifiable even among those of the theologic and legal professions, where at least quasi-omniscience is conceded.

Public opinion has conferred upon certain members of our guild a reputation for infallibility, denial of which would then have been, and now is, ungracious. Sincerity and utter veracity must have been among our professional forebears practically universal.

Of a pioneer physician it is recorded that he was "a man of strong will power but *always willing to listen* to the teachings of others and *if*

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†Italics are the compiler's.

their views harmonized with his own, he adopted them:‡ if they didn't, he acted on his own conviction of right.[14]

"Dr. John L. Balcomb never practiced in his profession. He was the DeQuincey of the place (Battle Creek) in more ways than in the use of opium. As was said of Burke, you could not be with him for five minutes without acknowledging him a remarkably learned man, and highly gifted in conversation."[14]

Dr. Nathan M. Thomas was "a man of positive conviction, a relative of the late Secretary Stanton, and partook largely of Mr. Stanton's determined will never to yield a position after he was satisfied he was right. But few men in Michigan did more to abolish slavery. He talked about it, he wrote about it, he distributed documents."[14]

Dr. Alanson Cornell moved to Ionia County in 1838 and died in 1873. He "and his excellent wife [were] among the foremost figures in every picture of pioneer life in Ionia County. Here they shared with others the trials and vicissitudes of a pioneer settlement, bearing a larger part of the burdens than the most. In common, they ministered to the sick, soothed the dying and comforted the afflicted."[14]

Dr. M. Lamont Bagg came to Pontiac about 1835; was sometime Mayor of Pontiac. "He was a man of strong conviction with a power of speech that enabled him to enforce his views with more than the average power of men."[14]

Dr. M. B. Beers came to Portland about 1838. For many years he was the only physician there, "and by exposure and hardship peculiar at that time to his profession, his hair was changed from a color jet black to that of snow when as yet he had not reached midway in the journey of life."[14]

Dr. Orville Marshall graduated at the University of Michigan Medical Department in 1865 and moved to Lansing the following year. "His character was well known," says his biographer. He was the universal friend of the unfortunate and the needy; was "deep in his convictions of right and not backward in airing them when occasion required." He "meant what he said and never misled"; was "conscientious in action as well as thoughts." He was correspondent of the State Board of Health while a student at the University; author of a report on the opium habit in Michigan in 1878, and was one of the most prominent members of the school board for a number of years.[14]

Dr. Chester S. Tucker, a pioneer physician (1844) of Coldwater possessed a mind "naturally questioning and suspicious; and in religious matters, while profoundly reverent, he was ever studying to solve the deep problem of life as revealed in the Bible. Never ready to give up quickly any belief or purpose formed, he hewed out his way in all such matters, just as the pioneer by degrees clears his land and puts it in a state of cultivation."[14]

Cultured he was, undoubtedly, and extremely useful in other than professional lines if, as his biographer declares, "Coldwater owes more to Doctor Tucker for the present proud position that her schools occupy than to any other man."

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‡Italics are the compiler's.

Of remarkable versatility was Dr. Osman D. Goodrich, who in May, 1836, located in Allegan; regular at first, then in railroad business (conductor of the first train from New Haven to Farmington, Conn.), then again in Allegan, this time an exponent of homeopathy, being, as his biographer appreciatively points out, first in both these professions. He is said to have been a "remarkable man" and his cousin relationship to "Peter Parley" of "Merry's Museum" fame is happily not forgotten.[14]

"Dr. O. D. Goodrich enjoys the distinction of being the first physician who ministered to the ills of the settlers of Allegan. He arrived there in 1836, having left Oneida County, New York, two years before, and at once began the practice of his profession. His circuit extended many miles in every direction, a large part of his time being spent in battling with that scourge of Michigan, the fever and ague. He has since that time, with the exception of a few years spent in Connecticut, been in active practice in Allegan though of late years (1880) he has sought relief from professional labor whenever practicable.[6]

He was graduated at the Berkshire Medical Institute, Pittsfield, Massachusetts, in 1834. There was but one house in Allegan, when he moved there from Ohio. His pioneer life "was one of hardships and privation." He was frequently obliged to ford streams, following an Indian trial to the rude home of the early settler who was so unfortunate as to require his prosional services."[6]

The above and his "genial faith in the Christian religion" excuse much but are scarcely valid in according him absolution for the homeopathic heresy.

Dr. O. E. Goodrich, his son, practiced in Allegan from 1866 to 1878.

And "Merry's Museum" must have been distinctly worth while, otherwise the accomplished Dr. Geo. P. Andrews would scarcely have lapsed into the rhapsodic in mentioning this among other of Ticknor and Fields' publications in the *Review of Medicine and Pharmacy.*[3] *"Our Young Folks* from the same source is rated by the juvenile population 'tiptop' and the cry is taken up with enthusiasm by the youngsters who have been so fortunate as to lay their hands upon one copy of *Merry's Museum.* Alas, that we have grown old before the halcyon days of childhood, when the noblest intellects and sweetest poets of the age are called into requisition to contribute to the instruction and entertainment of our youth."

"Youngsters" have become oldsters since these "halcyon days" (more's the pity); cynicism, doubt, and "self expression" are now the vogue, and reverence for "sweetest poets" is in the discard, but looking backward the writer can revive the thrill provided by the Sunday-school paper which "teacher" benevolently distributed.

Dr. Lamborn, a quaint character in Western Michigan, said in a public speech, "There are really but three great men in America. Daniel Webster is one, Henry Clay is another, and a third, modesty forbids me to mention."[14]

Webster had one Doctor as early as 1827, Dr. Nichols, who lived on the south bank of the Huron in what is now the village of Dexter. Dr. Nichols practiced medicine throughout the region of Dexter and with fair success. He was genial, quite loquacious, full of anecdote, "and very much inclined to stay and talk after making his prescriptions." He loved deer hunting and in fall spent so much time in this pursuit that his patients murmured.

This the reviewer claims is an unjust reflection on a well-intentioned member of the profession. In all probability he did not limit gunning to deer. It is well known that bob-cats, bears, and other "varmints" abounded. It was indubitably a public health measure to assist in their extermination. Indeed the eminent and credible W. J. Beal, for years an outstanding figure on the teaching staff of the (then) Michigan Agricultural College, is quoted by Professor L. A. Chase, in "Rural Michigan," as declaring not only that bears occasionally devoured the settlers' pigs and that the screams of the wildcat "terrified some belated footman," but, what is more to the point in justification of Dr. Nichols' enterprise, that "deer ate the young wheat of the fields."

Furthermore, there is evidence from another source that the "timid deer" whose suspicion is aroused by "the rustling of a leaf" and who is set "bounding through the forest in abject fear" at the sight of a man can put up a scrap if he chooses. Orson Swift, a boy of twelve or fourteen, armed with an ax "went to the woods to learn the cause of a furious barking of their dog. He found him fighting a large buck. He spoke to the dog to encourage him, when the deer left the dog and attacked the boy. A furious combat followed in which the boy's life was only saved by the efforts of the dog."[14] (Osband—"Recollections of Nankin.")

Dr. Cyril Nichols, a native of Vermont, came to Dexter in 1826. He "was a man of considerable intelligence, was very popular among all classes and had an extensive practice throughout the whole region of country for many miles north, south and west of Dexter."[9] He died in 1843.

So, there you are, and the conclusion is unavoidable that Dr. Nichols' patients were captious and unreasonable.

The island fastnesses of the state have been and still are the source of many stories of courage and bravery on the part of the physician as the following well illustrates:[13]

"In Strang's day† they had on the island [Beaver] a skilled physician, Dr. H. D. McCulloch. Friend alike to Mormons and Gentiles, he eventually sided with the latter, though for a long time he was an adherent of the Mormon tenets. About thirty years ago, another physician, a summer resident, used often to spend his winters on the island. But for many years there was no physician except as a chance 'resorter' might happen to be of that profession.

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†*See* Chapter VIII.

"In the winter of 1923, a man lay near death on the island, suffering with a fractured skull. An airplane from Selfridge Field, carrying a physician, was making every effort to reach the island. There was an epidemic of influenza there and many other serious cases, and the telephone calls were urgent. Not knowing of the airplane expedition, a brave doctor from Levering, J. B. Brown, had set out across the ice from Cross Village, driving a horse and piloted by a fisherman. He reached St. James just after the airplane had made a successful landing on the large inland island lake, Genesareth; it had taken him about fourteen hours to make the crossing. They had constantly to drive out and around open water. He left the fracture case to Dr. R. N. Armstrong, the arrival by airplane, and found himself busy enough in attending the other patients, many of them at death's door. He remained over a week on the island before he could return home. There is now a physician, Dr. Russell Palmer, partly paid by the State Health Department, who resides on Beaver.

"One of the best stories Harold Titus has written is the one of the doctor who makes a perilous crossing to Beaver Island during a diphtheria epidemic, woven out of all these incidents, with a magic woof of human interest and domestic tragedy that makes it read like the saga of a soul redeemed by service. It is called 'The Other Doctor,' and appeared originally in the *Elks Magazine* for March, 1924."

Notwithstanding the sturdy habits and vigorous health of the pioneers, the use of "testers" and scientific aids in diagnosis, sudden deaths were not unknown. A case in the hands of one of the most reputable of our forebears had been dismissed. On Sunday, however, some fever developed and the attending physician was called again. "While holding a 'tester' in her mouth to determine the amount of fever she suddenly uttered a cry of pain, threw up her hands and was dead." For the relief and reassurance of a useful, numerous and busy contingent of the profession it should be added that there had been no antecedent surgery.

And in connection with the obituary notice of one who died at the "ripe age" of 71 (take notice confrères on the History Committee) this tribute is paid to her physician.

"Dr. .... of this city has been attending her for nearly eighteen years and has kept her in as comfortable circumstances as his ability would permit."

A hint just here to Hospital Superintendents. The above is distinctly reminiscent of somewhat non-committal correspondence in reference to hospital patients who maintained a resistant attitude toward remedies and measures directed to their betterment: "I take great pleasure in assuring you that your [*read* husband, wife, brother, sister] is as comfortable as his [her] condition permits." The phraseology may be slightly modified but should not be spoiled by redundant verbiage.

" 'Fighting his way through floating ice and a heavy head-sea, Captain Tracy Grosvenor drove his thirty-foot gasoline boat from North Manitou Island, fourteen miles off this port [Leland], to carry the wife of a coast guardsman to a hospital for an emergency operation. There is no doctor on North Manitou and diagnosis was made by submarine telephone by Dr. Fred Murphy of Cedar. Dr. Murphy was at the dock here when the boat arrived and hurried the patient to Traverse City. Captain Grosvenor returned to the island at once, carrying a ten-day accumulation of mail.'

"There was a doctor on South Manitou Island in 1864, but while he was most needed he was busy rescuing the passengers from the *J. Y. Scammon,* which had been wrecked off the island. The doctor's name was Alonzo Slyfield, and he had gone to the island for his health, giving up his profession to take the position of keeper of the South Manitou light. He succeeded in rescuing all the passengers, including four women, as they slid down a spar from the overturned boat. As he returned to his house, he learned that he was the father of a nine-pound boy, born while he was engaged in his heroic work. Dr. Slyfield was afterward keeper of Point Betsie light."[13]

The profession has supplied heroes in every war. One for example "was secretary of a meeting at which General Cass made a short address showing the importance of organizing and appointing officers for a regiment of soldiers." This company in 1832 marched to Niles, fought with Black Hawk Indians on the outskirts of Coldwater Prairie and "with discipline and undaunted bravery it maintained our rights near the Ohio line and among chickens and potatoes in the disputed lands near Toledo."

Dr. J. H. Bennett of Coldwater was born in Chenango, New York, in 1826, and died at Batavia, Michigan, in 1891.

He was graduated at the Berkshire Medical College in 1854 after studying with Dr. William H. Hanchett of Coldwater. He was "a well-read thoroughly posted physician," his "native ability showed like a rich jewel in a rustic case." He was "an uncompromising Republican, a warm friend, forcible in debate, honorable in his deal and fearless in maintaining his ideas whether in politics, religion or the ordinary affairs of life." He was at times a great sufferer in consequence of injuries sustained in an accident. "In 1887 he became a member of the Methodist Episcopal Church and has *since*† lived an upright Christian life." However, to this can hardly be attributed the "remarkable change socially" recorded by his biographer which seems to date further back, viz., "during the last ten years of life."[14]

Dr. John Beach, a brother of Dr. Beach of Battle Creek, "settled in South Battle Creek in 1836, I believe." He was "of fine intellect, of literary culture, highly social and a well read physician."[14]

"The physicians of that day here in the woods, after having used what little medicines they may have brought with them, were compelled to fall back on the Thompsonian or the Botanical system as they found it in the Michigan Woods. Dr. Beach's office or repository for certain drugs and medicines was in the forest about him." Mr. VanBuren asserts that he has often dug "culver root" for him. This "the worst medicine I ever tasted" and of which "a pint at a dose" was necessary "was worse than the disease."

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†Italics are the compiler's.

The Doctor's favorite mare "Doll" would in the winter take the bit in her teeth. She had thus drawn him hundreds of miles by the lines, over the fine snow track "without straightening a tug."[14] Small wonder that Doll's colts were highly valuable.

Dr. Beach was evidently gifted and resourceful; of his qualities more elsewhere.

Courtly manners and vivacity must have been distinguishing characteristics of the urbanite residents of Michigan in the early part of the nineteenth century. The term "urbanite" employed with reserve would have application, if any at all, exclusively to Detroit, the society of which Harriet Martineau speaks in high praise in her "Society in America," written in 1836.

Of Dr. Rufus Brown who came to Detroit in the early thirties, it is written that he "studied medicine with Dr. Scovel but did not practice."[4]

He traveled in Europe, was possessed of elegant manners, and was a faultless dresser, a veritable Beau Brummell of the period apparently. As an indication of his gallantry, Palmer relates that he "was parading on Jefferson Avenue in company with Miss Emily Mason. When they reached Griswold Street at what was then called Sherlock's Corner, the Doctor observed that the gutter was in no fit condition to accommodate the daintily-booted foot of his fair companion. He drew from his pocket his ample white linen handkerchief and emulating Sir Walter Raleigh when escorting Queen Elizabeth . . . spread it on the ground over the muddy spot." A desperate flirtation which he had with Miss Belle Cass was discouraged by the General despite the fact that "the Doctor was desirable every way except financially."

Undoubtedly he was extravagant but he was also unfortunate in losing by fire his stock of merchandise, wines and liquors. As elsewhere appears in this history, one Mrs. Mitchell, a trader of Mackinac, the wife of deported Dr. Mitchell, suffered annulment of a liquor license following the *American occupation*† after the War of 1812. Malignant destiny bore also upon Detroit and the fire loss of Dr. Rufus Brown, "General Store, Groceries, Wines & Liquors," occurred. This must have been regarded no less than a public calamity. It happened in 1837. There was then no Walkerville neighbor and difficulties in transportation were exigent.

There was, it is conjectured, as a rule no shortage of those aids to uplift, and physicians then as now felt the depressing influences of their daily lives. In Palmer's "Early Days," it is mentioned that "On every Fourth of July the gay boys of Detroit made Dan Whipple's their rendezvous. *Petits soupers* were there given at which *Lieutenant* Pitcher [was this the admirable Zina Pitcher?] was on occasions a guest. The larder was beyond criticism and another attraction was the absolute freedom Dan afforded his guests, for you see he was a *bon vivant* himself. And at the Strellinger Brewery in the early sixties there was a literary club of which Dr. J. B. Scovel was a member."[4] Dr. Scovel was a "skillful physician of Detroit and a genial gentleman." His office was in the Desnoyer Block, Woodward and Jefferson, with Dr. Rufus Brown.

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†Italics are the compiler's.

Dr. L. H. Cobb belonged to the "Vingt Club"[4] and Dr. R. S. Rice "was one of the most noted physicians here. His house presided over by Mrs. Rice and three daughters was one of the centers of the gay young society."[4]

Dr. Louis Davenport "had the steadiest hand and coolest head of any man on the job." "He was clever in caricature and would have made his mark in that direction had he so desired."[4]

The following is an account of articles "exclusive of personal baggage" lost by Assistant Surgeon F. Sampson, Royal Newfoundland Regiment, by the destruction of the Nancy Schooner August 14, 1814, when proceeding to Michilimackinac.[14]

Medical Books	£20	
Surgical Instruments	10	
Groceries	24	10s.
Liquors	27	

Attention is respectfully called to the last item as indicating the perils of navigation in war time. Its reference to the Pacifists Leagues and all disarmament conferences is timidly recommended.

Although the following is related of Ohio "practice," the instance is sufficiently typical. Similar exodontic problems were at an early day almost invariably solved by the physician.

"I took a few days rest at what was sometimes called the 'Doctor's cabin.' One bitter cold night there came a loud rap on the door. The Doctor got up and admitted a man who came in, sat down on the floor before a large open fireplace and said that he had a tooth to be examined. A jug was placed by his side and he was told to take a drink; the irons were warmed by the fire and the Doctor then placed the man's head between his knees and by the light of the fire put the instruments in his mouth and suddenly the tooth was out."[14]

This and the "operation" by Sergeant Fitz upon a Kaffir "who was averse to a fair pull" on an offending lower molar, would indicate unnecessary refinement in modern dentistry. The Kaffir was persuaded to mount a tree, a string was tied about the tooth and from the tooth around a projecting branch of a tree. The native was made to "sit on the branch" and when all was ready was given a push. "As the Kaffir went down the tooth came up."

And for this philanthropic performance, "Fitz was court-martialed."[3] "Victorian" justice was obviously inconsiderate as well as blind.

It is regretfully recorded, but the obligation of an amateur historian to near-truth should not be disregarded, that Flint's letter, to which reference has been heretofore made, indicates that there were "designing" doctors as well as lawyers, to say nothing of "tavern keepers, farmers, grocers, shoemakers, tailors"—and probably "realtors"—although that euphemism was of a century later development. The recollection of the writer is that the latter were in the olden time referred to as "land sharks."

In the early days (now remote, those of the present displaying higher and invulnerable cultural standards) "such a system of knavery" (as that shown by the history of banking in the western states) "could only be developed in a country where avarice and credulity are permanent features of character.[5]

It is quite different now. All this is changed, thanks to luncheon clubs in infinite variety and to vigilant Boards of Commerce.

Previous to the adoption of the eighteenth amendment, happily not since, such an episode as the following related by Henry O. Severance in "The Folk of Our Town," *Michigan History Magazine*, occasionally distressed local society.

"Joe said, 'There is liquor on his breath.'

"Jim: 'Frozen to death.'

"The doctor and the neighbors worked over Henry for two hours but he passed away without regaining consciousness. We learned the story later.

"The night before, Henry had driven to Novi, four miles away . . . There was snow in the air and a strong wind blowing, which increased in the night to a terrific gale, sweeping the mile of lake ice clean, and piling it up on the shore, covering the road from five to ten feet deep in sections.

"Henry didn't come home. His wife . . . gave the alarm. The neighbors went in search and found him frozen stiff in a snow bank a mile from town. That was the end."

Mr. Severance has also given us a picture of the doctor in "The Folk of Our Town":

"There were interesting people west of the 'Town pump' also. Next to Gage's store was the old Doctor's home—magnificent home—none better in our town. The big white house had two large evergreen trees in front of it. A stylish white picket fence kept the boys off the front yard. A little gate on hinges with a self latch let the Doctor in and out. A board sidewalk, the only one in town, was in front of the Doctor's place.

"Doctor Hoyt was well known in our town and in all the countryside. Had he not been in all our homes in sickness, and had he not assisted in bringing into the world most of the boys and girls in our town, and had not he helped to ease the passage out of the world of many who had gone? The very sight of him brought courage to sinking hearts. He was a tall courtly man of fine physique, always clean shaven, and wore large spectacles, with darkened lenses. A broad rimmed high crown felt hat, and a cane to assist him in keeping the path on morning and afternoon walks, completed his equipage. He was nearly blind at this time. The boys were often amused to see him walking erect feeling his way with the cane and saying

'Good morning,' 'How are you this morning?' to a stray cow that chanced to cross his path. He was interested in boys and girls, and encouraged them to make the best of themselves. He was especially interested in the butcher's fourth son, who joined the Baptist Church when he was ten years of age, and was nicknamed the "little deacon." The Doctor said: 'That boy will make something of himself. He will be a minister.'

"Though the Doctor had finally to give up his practice, he did not lose interest in his former patients. I've seen him riding often with the young Doctor who was making his daily visits. His counsel and advice were freely given. His daughter, Carrie, married the young Doctor; Lute was unmarried and was a great help in the home, the Sunday school, and church; one son was a doctor in Detroit; Jim, the other son, was a prosperous farmer in the community. The Doctor's second wife was a charming woman and a great comfort to him in his declining years. His doses were generous and bitter; no sugar coated pills from him."

MEDICAL SATIRE

An editorial[10] in the *Journal of the American Medical Association* discussing Medical Satire refers to the unfavorable pictures of the physician drawn by Molière, Shakespeare, and Jonathan Swift. It is, however, a far cry from caustic reflections to amiable caricaturing such as that of "Doc" Alton by Clarence Budington Kelland in *Liberty* of Dec. 15, 1928. Mr. Kelland pays him and "our doctors" in "My Home Town" a deserved tribute:

> "Our doctors! There was Doc Allen, who is in some measure responsible for my safe arrival, and who, before his departure, had seen to the auspicious coming of more than two thousand babies without ever having lost a mother. That was Doc's record—that and his willingness to hitch the old horse to the mud-spattered buggy at any time of day or night and drive any distance and stay for any necessary length of time. As men are measured, Doc was a great man.
>
> "And there was Doc Alton, who used to wear a plug hat and go in his shirt sleeves, but was as good a man and as welcome in a sick room as if he had affected a swallowtail. Automobiles were unknown then, and doctoring was doctoring. And being paid for it was being paid for it.
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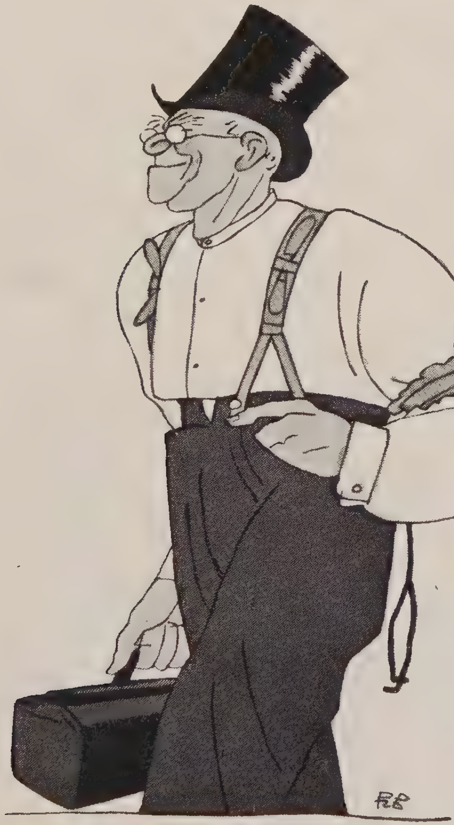
> "You could get more real doctoring in Portland in that day for a five-dollar bill than you can get in New York for a hundred—and the doctor was vitally and personally interested in your case because, as I say, he was generally the person who extended you your first welcome."

I knew Bob Alton (R. W.) of Portland well. We were boys together in Lansing. We have thrilled audiences with singing "In Good Old Colony Times" at High School exhibitions, have occupied the same bed, boarded at the same students' club and participated together in divers and sundry pranks, the enumeration of which would be quite inexpedient in this ultra-abstemious age. I've consulted with him and played pedro with him in Portland and I know of both his goings out and comings in, in the "topper." Indeed, Howard Longyear, who was also his schoolboy acquaintance and friend, discovered him once upon a time in the early morning in his detached office-bungalow clad in a long night-shirt, wearing his plug hat and manipulating a feather duster.

"Bob" never sought publicity but here he receives it in confluent form while others of us greedy of the spotlight must fortify our souls with resignation.

It required no small courage to wear that top hat not only "in the summer time and in the month of May" but at all seasons. The girl who "wore the yaller ribbon" 'round her neck was conventional in comparison.



Courtesy *Liberty*, New York.

Doc Alton and His Plug Hat

Robert's tall hat which he could wear without disturbing a hair of his bald head and Carstens' perennial peripatetics in boots deserve a place in history.

Among the colonists in Zeeland, Ottawa County, in 1847 was "only one doctor, J. S. M. C. Van Nus." This single reference to him comprises all that is revealed in "Early Settlement of Holland."[14]

He seems to have been completely overshadowed by Dr. Van Raalte, who baptized children "in the open air in front of his house."[14]

The services rendered by Rev. Dr. Van Raalte as physician in those dark days when "sickness among men was fearful and the death rate became alarming" are "among the noble deeds clustering around his career as a leader."

It will be best to permit Dr. Van Raalte to "describe it in his own words," as the local historian suggests. "The difficulties to contend with were many, still singing of psalms in the huts and under the bushes was something inexplicable to the superficial beholder: with many there was a faith in God and a consciousness of a noble purpose.

"In the latter part of that first summer our trials reached their climax for the whole colony became one bed of sickness and many died through the want of comfortable dwellings and well prepared and suitable food. Physicians were summoned from abroad and paid out of the Colony funds. The condition was heart-rending and discouraging and required, in opposition to man's sensitive nature, a painful sternness. Never was I nearer to the point of despair than when I entered those crowded huts and saw the constant mingling of household duties amid sickness and death, and dressing of corpses in those huts where each family was forced to accommodate itself to a limited space of a few square feet."

"A strange climate, a malarious atmosphere, undrained marshes" and "quacks coming from the outside palming themselves off for doctors, throwing upon the hands of the few able-bodied an army of convalescents with poisoned systems, aching bones and rattling teeth" are alleged causes of the "alarming death rate."

In such a vicissitudinous condition it would seem to be but natural to summon the local physician, but there is no indication that he had any part in removing that "increase of despairing indifference in that hour of sore affliction." Apparently to request his services was regarded for some reason inexpedient. He of the four initials was ignored but "God granted a change, the sick were restored to health."

And now for serious appreciation and gratifying testimony of the physician's life and work. In reviewing for the U. P. C. News Service[2] a biography of "The Beloved Physician, Sir James Mackenzie," William Lyon Phelps writes as follows:

> "One of the best examples I ever knew—and how Doctor Mackenzie would have loved him!—was the late Dr. W. J. Herrington, of Huron County, Michigan. Canadian by birth, taking his medical degree at the University of Michigan, he went to a tiny village on Lake Huron called Grindstone City. For year after year he hitched up in the early morning and drove through sandy roads in summer and snow drifts in winter to his patients, a daily circuit of many miles. He was the ideal general practitioner. He had to know and deal with all kinds of cases; he could not call in counselors but had to rely on himself. He dealt with children's diseases, with maladies like diphtheria and pneumonia, and he had also to be a surgeon. Alone, in humble cottages, in a bad light, and with no appliances, he performed major and minor operations.
>
> "Finally, when, owing to the benefaction of a public-spirited man, a hospital was erected in the county town, Dr. Herrington moved thither and opened an office. His immense success in office and hospital practice had been prepared by these visits over the countryside. On the occasion when he was able to go to Europe, he took no holiday, but spent all his time in the hospitals, and he took in and read the medical journals. That man had a knowledge of disease and a skill in curing it that could have been obtained only in one way.
>
> "Though our times are the times of specialists, let us never speak slightingly of the

good old family doctor, who combined a knowledge of symptoms with a knowledge of human nature. Every general practitioner who reads 'The Beloved Physician' will feel like cheering."

Dr. Herrington (1859-1920), of whom Professor Phelps has so appreciatively and pleasingly written, died from pneumonia after a brief illness.

Medical Immortals

Of the medical Immortals who had to do with stamping out yellow fever in Cuba, Panama, and elsewhere—Gorgas, Wood, Sternberg, Reed, Carroll, Lazear, Agramonte, Finlay—and of the war against disease in general the veteran and accomplished journalist, Mark Sullivan, in *Our Times* under the caption "A Modern Warrior"† writes:

> "The history of this quarter century in America if written according to the model of older histories (that is, with emphasis on wars and military leaders) would begin by saying that about the opening of the twentieth century the nation was beset and infested by certain enemies which continually made war upon it. They were of a peculiar malevolence and persistence, more ruthless and dreaded than savages, and more successful in their assaults. They poisoned water and food, they launched their attacks through the invisible air, they recognized no laws of war or of humanity. It was impossible ever to have a truce with them: there was no such thing as compromise, or any kind of agreement or understanding. Some kept up their assault continuously, some renewed their attacks each year at fixed seasons, others at longer intervals. Some maintained at all times a foothold on our soil, were never completely dislodged; some went into furtive hiding-places to restore their strength and return to their attacks renewed in multitudes and malignity. Some of the most implacable had their stronghold just outside our borders, whence they invaded our shores with a deadliness that at times threw large American cities and great sections of the country into panic and flight. Flight was the sole escape, and that an uncertain one. Courage could only express itself in resignation. Acceptance of death from these enemies as something inevitable became a part of the national philosophy. They pursued methods of warfare so surely fatal, had weapons and arts of preparation and assaults so secret and ingenious, that the people had no effective methods of defense, indeed practically no defense. The enemies took a toll of death so large as to have an appalling effect on the population; some with a malevolence like Herod directed their attacks against the very young and destroyed a terrifying proportion of the infants and children.
>
> "These wars and invasions would form the principal substance of a history based on the old models: and such a history would recite, as a heroic climax, that beginning about 1900 there arose among the people thus beset certain leaders extraordinarily well skilled in strategy, men of a persistence equal to the enemies' own, who invented and developed new means of defense. They gave their lives to study of the methods and equipment of the attackers, discovered facts never before known about the life of the enemies and their vulnerable points, and then, by infinitely painstaking experiments, built up ways not only of successful defense, but actually means to carry war into the enemies' territory; with the result that some were extirpated utterly from the face of the earth, and others so crippled that they ceased to be a menace.
>
> "All this such a history would recite and add that the people of the nation, in gratitude, set up monuments to the leaders of this successful war, exalted them above rulers and statesmen, and honored them as Vienna honored Sobieski, and Rome, Scipio Africanus."

"There are men and classes of men who stand above the common herd, the soldier, the sailor, the shepherd not infrequently; the artist rarely; the physician almost as a rule. He is the flower of our civilization, and when the stage of man is done and only to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period and most nobly exhibited virtues of the race. Generosity he has, such as is possible to those that practice an art, never to those who drive a trade. Discretion tested by a hundred secrets, tact tried in a thousand embarrassments, and, what are more important, Herculean cheerfulness and courage."‡

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†Courtesy of Charles Scribner's Sons, publishers.

MARSHALL'S "RECOLLECTIONS"†

One would seek in vain for a more gracious tribute to the "country doctor" than that paid by the late Thomas R. Marshall, whose father was a physician. In his "Recollections" he writes:

> "Balzac has written an interesting story around the life of a country doctor. Other efforts of like character have been made. And yet, I doubt if it be possible for the pen of man really to embalm in words the trials and incidents of such a life. Indeed, it would be almost a useless task to undertake the writing of it, for it is not worth while for one to read that which he can not visualize with some of his own personal eyesight. The state of Indiana has produced a long and illustrious line of men skilled in the art of statecraft. These have done mighty things in the name of democracy. Her poets have sung immortal songs. Her lawyers have ranked high in the annals of American jurisprudence. Her sons and daughters who have been interested in human welfare have striven mightily for the betterment of social conditions, and have achieved. Her men of business have been enterprising, forceful and successful. Her scientists have penetrated the hidden mysteries of nature. And yet I think, if service is to be the true mark of greatness in a people, all these other wonders of a wondrous age and state must pale into insignificance beside the service and sacrifice of the country doctor. Who now remembers the conditions under which he sought to minister to minds and bodies diseased? Who now, by any stretch of the imagination, can bring to view the awful roads, the inhospitable houses that were called homes, the lack of furnaces, bathrooms, hot water, electricity, gas; mud everywhere, cracks in the houses everywhere; children waking in the morning with their blankets covered with snow; huge fireplaces, where you roasted on one side and froze on the other? And add to it all a malarial climate. Chills and fever—fever and chills. Day in and day out, night in and night out, storm and sunshine, the country doctor went his rounds.
>
> "There is a good deal in this heredity business, I assume, but there is a good deal in environment. I might be a Democrat because my father was one, and that would have been a good enough reason. He was patriotic and conscientious, and that would have been justification for me. But I have often thought that environment had something to do with making me a member of the Democratic party. There are some things we are trying to do that we shall never succeed in doing by political methods. We can not change the hearts of men by political theories. No dogma of democracy can make out of an egotist a humble man. Whether by heredity or environment, men unconsciously arrive at a state of democracy or a state of autocracy. In the little country town where we lived everybody had the ague. We had one man of domineering character and predatory wealth. He owned his own home and he must have had two thousand dollars on interest. This man felt himself better than the rest of us, and so when the long summer came around and malaria seized us all in its fatal grasp this man had what was known as third day ague; that is, he shook with chills every third day. He was an aristocrat. The rest of us shook every other day. We were democrats. Such an environment as this, regardless of my father's political views, would have necessarily made me a member of the Democratic party.
>
> "Ours was no different from the average home in that community. I shall not soon forget how the days began. First, we had a long Presbyterian prayer, that began in Indiana and ended in China. That was as far east as we had geographic knowledge. Then we had a teaspoonful of quinine and then we had breakfast. The years have gone by; prayer and quinine have disappeared but, thank God, we have breakfast. I remember how my growing mentality reasoned about this question of disease. So far as I knew, nobody died save from the effects of malaria. It was natural, I think, for me to conclude that if in some way we could get rid of the malaria nobody would ever die. The particularly good would perhaps be transported to heaven in a chariot, and those who were not so good would just dry up and blow away.
>
> "Well, we ditched and we drained, and we passed our sanitary and health laws, and we began to get better homes and more comforts and conveniences, and the ague disappeared. But just as the country doctor disappeared from the scene of active life in Indiana the new-style physician discovered that the human race had been improperly made; that when man was completed, just for the purpose of annoying him, they added to him an appendix, and

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‡Robert Louis Stevenson.

†From "Recollections of Thomas R. Marshall," copyright 1925. Used by special permission of the publishers, The Bobbs-Merrill Company.

straightway an era of cutting began. We have been cutting them out and cutting them out ever since. Some people are vain enough to imagine that when the last appendix shall have disappeared out of the book of human life humanity will be healthful. But I am an agnostic. I venture to guess that when the appendices have disappeared the doctors will find something wrong with the table of contents.

"The old-fashioned country doctor had an idea that it was his business, in so far as he could with calomel, quinine and Dover's powder, to minister to the ills of humankind. He assumed that when need called it was his business to answer. It was never too late at night, nor too stormy, for him to go, and it made but slight difference whether he ever received any compensation for it or not. In our country home we had a hotel annexed to the house. The table was never spread for less than twelve. It took a cook, a maid and my mother, as general manager, to feed my father's patients. They always arrived in a drove about eleven-thirty A. M., and after having twenty-five cents' worth of quinine pills charged they would come in and eat a dollar's worth of food. Indeed, I have never been able to figure it out how my father succeeded in running his establishment, but some way he did. During the War between the States no soldier's family was ever charged a cent for services, and the widow of a Union soldier never paid a penny. If my father had only known that the Supreme Court of Indiana would decide that a doctor was under no obligations to attend a patient who had not the money to pay, he could have accumulated enough money and left it to me so that at the opportune time I could not only have bought Teapot Dome, but the teapot also. But his early education was neglected. He did not have sense enough to know that his was a money-making business, and that all he was expected to do was to dole out so many prescriptions for so many dollars. Yet I am of the third generation, all with a like history; all children of Israel, wandering in the wilderness toward the promised land; all people gathering manna for a day; all seeing it spoil if they gather more than they can use.

"These old country doctors were not only inquisitive, but they were ingenious. If a man broke a leg they took a couple of shingles, reduced the fracture, tied the shingles on each side, put his foot up in bed, stringing an iron on a rope to keep his leg pulled out straight. If they found a child suffering from diphtheria they had no hesitancy in slashing into the throat, opening the wind pipe, keeping it open with a couple of fish hooks if there was nothing better to be found. They were the forerunners, too, of these splendid scientific doctors of today. I well remember, as a boy, looking through a microscope into the abdomen of a dead man and seeing all sorts of squirming worms. My father wrote to inquire whether anybody knew what it was. It was said that the man had eaten raw pork a few days before his death. In the same medical journal in which his inquiry appeared, appeared also the discovery of trichinosis. An epidemic of typhoid fever was traced to one dairy by the process of eliminating every article of food used until all of the cases were shown to have received milk from this one dairy.

"Each age for itself, and each man for his age. I would not go back to the old times. I recognize the accuracy of the scientific investigation of the present time; I am asking for no more country doctors; but I have taken off my hat in grateful love and veneration for that innumerable company which helped to bring Indiana out of its primeval into its cultural state. And yet, there is just one regret. It is the regret that with the country doctor has also disappeared the old family physician—the man who knew your peculiarities, your idiosyncrasies and your life. He was as much bound up in your destiny as your minister or your lawyer. He was adviser, counselor, friend. If I could rehabilitate him, put him in every community in America, get him to be my friend, I could be elected to any office within the gift of the people. It is nothing against science; nothing against these specialists; nothing against their accuracy, and it is not regret over the fees that we pay, but I do sometimes long to have an old family doctor that could really find out what is the matter with me without passing me down the line of from fifteen to twenty experts that know about an inch of the human anatomy, and know no more."

"War marks with a blare of trumpets the gallant act and decorates with emblems of a nation's esteem the hero who risks his life for his country. The physician who saves life receives no such reward, but he is usually content with the gratitude of the patient and the consciousness of a duty well performed. Yet in war as in peace, the doctor is an ever essential factor and risks his life in the camp, on the battlefield and in the hospitals of pain. He is a comforter of the sick and afflicted, as well as the hope of the hearts of the families of the sufferer, and if his fame is less pretentious it is none the less appreciated."

"We find in the opening years of this twentieth century no more honored profession than that of medicine . . ."

The foregoing quotations are from the admirable account of "The Medical Profession" contained in the History of Bay County compiled by Captain Augustus H. Gansser.

Other extracts therefrom appear in various chapters herein. It is regrettable that they must be extracts merely. The entire compilation is most readable and would prove interesting to any student of the medical history of Michigan.

A hearty and gratifying appreciation of the physician comes from the pen of George Matthew Adams, Ph.B. It was published October 1, 1928, under the caption "Others They Save," and is reproduced through courtesy of the *Detroit Free Press.*

> "How we would smile should the doctors get together and strike for an eight hour day! But, don't worry—they won't.
>
> "Others they save—themselves they will not save. Day in and day out, as well as night in and night out, they serve; they go here and there regardless of the time of day or the hour of the night—regardless of whether they are to be paid or not.
>
> "Theirs is a sacred profession—to themselves at least.
>
> "I know one doctor, who happens to be a friend of mine, who performed a difficult and most serious operation for the wife of a noted man who could well afford to pay a good sum. My friend was successful in that operation and brought back to health two other members of the same family. That was something like two years ago. In payment, he has received just $50.00 to date! And this same doctor, who is a noted surgeon and greatly skilled, devotes two days a week to a hospital where his services are rendered free.
>
> "But my friend never has time to rest. He must keep saving others—himself he will not save.
>
> "It matters not to the patient whether the doctor is tired, ill, at his bath, in bed, or stealing a little pleasure for himself—he must 'come at once.' And he does come—rain or shine. He gives his skill and encouragement. His motto—always—is to save, to save.
>
> "At this moment there are noted men in this profession, whose spare time is constantly being given over to more research and study, and whose strength is being drawn upon in laboratories all over the world, that they may learn of new discoveries to make life longer, safer, and happier.
>
> "But you hear so little of these heroes. They ask so little in return. They think only of saving. They are thinking of you and of me—not of themselves."

In giving his consent to the publication of the above, its erudite author graciously writes that he is particular that "the newspaper gets the proper credit" and adds "to go ahead and use the talk and I hope it will show many a physician the appreciation of at least one human being who has a very high regard for their noble calling."

Dr. William Mottram was President of Kalamazoo Village in 1871. After him "came Drs. Foster Pratt and Homer Hitchcock in 1856 and then in the late years of the Civil War came Drs. Fiske, Southard and Porter.

"Drs. Stillwell, Henry U. Upjohn and his sister, Mrs. Helen M. Upjohn Kirkland, J. M. Snook, H. H. Schaberg, O. B. Ranney, A. Hochstein, Mrs. M. L. Towsley and Morris Gibbs, and J. N. Ayres.

"This brings us down to the days and the doctors you can all remember, those who have passed on and those who are still with us.

"With no hospitals and no trained nurses, these doctors back seventy-five and more years ago were greatly handicapped. Comparatively few operations were performed but when one became necessary it had to be done in the home and whatever nursing care the patient received was given by members of the household and friendly neighbors.

"The doctor of today works hard, no question about that; he is called out at all hours of the night, he is deprived of rest and sleep and the busy doctor sees his family so infrequently that when he is at home his small children look upon him as a stranger.

"This being true, and it is, the Kalamazoo city doctor is relieved from making the long country drives that fell to the lot of the Kalamazoo village doctor.

"As late as the year 1875 Dr. Southard told us that one bitter cold winter night there was a loud knocking at his door about 12 o'clock and as he answered it a man said, 'The wife of the man I work for is awful sick, I guess she's going to die and he sent me down to get you.'

"The doctor hurriedly dressed and they started on an eight mile drive, over roads that due to drifts were almost impassable. Twice during the trip the sleigh turned over and dumped them out and it was nearly four o'clock in the morning when, nearly frozen, they arrived at their destination.

"When they went inside, the husband said, 'Well, you've been so long coming, my wife's better now and of course I can't pay you for the visit, because she's pulling through without any medicine.' "[16]

Under the caption "Physicians Aid Thousands Without Thought of Reward" the *Detroit Free Press* published the following article, July 8, 1929:

> "The philanthropic and humanitarian doctor, to whose professional services, given without thought of reward,' thousands of men and women in Detroit 'owe their very existence,' is pointed out as a public benefactor in a current issue of *Community Fund News,* monthly publication of the Detroit Community Fund, 51 West Warren Avenue
>
> " 'Doctors,' the publication says, 'not only assist in the financial support of our charitable institutions, but also give liberally of their time and skill in the service of the destitute sick.
>
> " 'In all the hospitals of the Detroit area and in more than a score of clinics, physicians and surgeons of high standing are constantly treating patients whose meager incomes will not permit them to employ a doctor. Thousands of men and women are at work in Detroit today who owe their very existence to professional services given without thought of reward. They represent in part the medical profession's contribution to humanity.'
>
> "During 1928, the article points out, a total of 2,122 patients were hospitalized from the out-patient department of just one of Detroit's larger hospitals, 759 others being admitted and treated as staff patients for periods varying from a few days to several months. Many of these were surgical cases, requiring major operations, costing an average of $78 each. In many instances the hospital bill was paid from special charity funds, but the attending doctor made no charge.
>
> " 'A study of one week's activities at the Children's hospital showed that 50 doctors gave 113 hours and 45 minutes in free visits to these young patients. Last year there were 3,277 registered visits by doctors in the out-patient department, and 4,639 in the hospital proper, practically all without charge, for private cases constitute a small minority.
>
> " 'In the annals of medicine there are few finer examples of self-sacrificing service than is afforded by the career of the late Dr. Daniel Laferte, who established the orthopedic department of the Children's hospital. "For 34 years," to quote from the resolution adopted by the trustees at the time of his death in 1924, "he gave himself without stint or reservation to the cure and rehabilitation of little crippled children."
>
> " 'The patients of Dr. Laferte are widely scattered today. Some are performing important work in the world. They were too young, many of them, to remember the kindly, gray-haired doctor who paused at their bedside to pinch a wan cheek or examine a bandaged limb. They may never know that to this man's skill, so unselfishly given, they owe their present happiness in a large measure.
>
> " 'To properly evaluate the services given by the physicians of Detroit in the name of

> charity would entail months of research. Even then the record would not be complete, for every doctor has his own private benefactions, known only to himself and his patient. For example, the free work of one local practitioner, a man of national reputation, is more than 30 per cent of his total practice, according to his friends. It is difficult to estimate in terms of money the value of such a contribution.'"

Mr. Karl W. Detzer's delightful article in the *North American Review* for April, 1929,† entitled "They shall not pass," has placed the entire Michigan profession under obligation. Reciting case after case in which "the country doctor carries on" successfully albeit with numerous handicaps he exalts him thus:

> "Yes, they are self-reliant, and they are versatile, these medicos of the open spaces.
>
> "They believe, with a childish credulity, that self-sacrifice is essential to their trade, that a ten-mile trek at four in the morning and five below zero to a dead-beat's house, if someone in the house needs a doctor, is an unquestionable duty. With rustic simplicity I have heard them contend that a crop failure is not merely an excuse to escape honest debts; it's only the doctor's hard luck.
>
> "They hold to the same code of pioneer ethics that actuated the old-fashioned practitioner. In spite of his scientific training and his city interneship, isolation has made our Michigan family doctor as self-reliant and as versatile as the rural medico of fifty years ago. He has lost none of those splendid and inspiring qualities that marked his predecessor as the staunchest citizen of his community."

The accomplished and discriminating Agnes Repplier has contributed to the April, 1929, *Atlantic Monthly*‡ an exceedingly interesting, critical and historic article on "The Public Looks at Pills." In it she writes:

> "One quality has never been lacking in the long, noble, humorous annals of medicine, and it is the basic quality on which depends the worth of life—courage. The *esprit de corps* which is unpopular on the same principle that nationalism is unpopular, has served as a fortress against fear. The heroism of the doctor who gives his life in searching for and experimenting with microbes, is like the heroism of the explorer, the aviator, the sailor, the soldier who all go out with high hearts to meet their duty and their death. The heroism of the doctor who gives his life in tending the pestilence-stricken is something too holy for commendation. Not for him the overmastering curiosity of the scientist and investigator. Not for him the supreme joy and lasting honors of discovery. Only a sombre pathway to death and often to oblivion."

In discussing the subject of "The Physician as a Character in Fiction," in the *American Journal of Insanity*, 1906, the writer of this chapter expressed the opinion that "On the whole the lay novelist has treated the doctor fairly," but that the story faithful and just to that branch of the profession in which he was then chiefly interested "is yet to be written." That lack is still in existence. There is opportunity for some careful writer to neutralize the doubtless still lingering impressions derived from the Charles Reades of long ago.

"Some topics overlooked in the preparation of the Chapter on Medicine and Surgery can be but briefly treated here."[8]

The above *apologia,* if such it may be called, precedes the following memoranda in the History of Grand Rapids, abbreviated for these pages.

"Dr. Charles Shepard was probably the first in Grand Rapids to open a shop for the sale of the cure-alls and kill-alls popularly called medicines."

Shades of Shepard pardon the History Committee!

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†Reproduced by courtesy of the Editors of the *North American Review.*

‡Reproduced by courtesy of *The Atlantic Monthly.*

"Early in the village days of Grand Rapids the botanic practitioner of medicine appeared here. Among early settlers were some who depended more upon their own judgment in the use of herbs, roots and barks, in the treatment of both acute and chronic diseases, than upon the aid of the school-graduated physician."

Dr. Bliss Sexton "was a physician of the Thomsonian botanic school and practiced here several years with good success."

Dr. Elmer Woodward "came here [Grand Rapids] in 1861 and practiced until his death, which occurred August 15, 1882. He was a man of but little education in the schools, but had a fondness for mineralogical and natural history study . . ."

"Moses Robens posed as an 'Indian doctor' for some years at the foot of Monroe street, and obtained considerable practice."

"Nathaniel G. Smith on Canal street has had a busy practice as a botanic doctor for several years."

"In 1849 Dr. H. T. Seeley . . . established a water-cure hospital . . . acquiring considerable practice . . ." "Specialists of the Water-Cure School have not been numerous in this city."

"Nearly all the time since about 1860, a few, mostly women, professing to be clairvoyant physicians or 'healers' . . . have plied their vocation in this city and in some cases have secured much custom. Prominent among these was Mrs. Mary J. Squiers."

"Dr. J. C. Kennedy in 1889 established at the corner of Bridge and Canal streets an office or hospital for what he names 'The New Method Cure —by Electro-Ozone and Electro-chemical Machinery.' His electric machinery for generating and administering ozone is intricate and novel."

"Whether or not in this part of Michigan the proportion of cures to failures by these 'irregulars' has been less or greater than by those of the other or drug schools is problematical, in the absence of authentic vital statistics."

The above afterclap to the articles of Drs. Schuyler Graves and Samuel G. Milner is anonymous. The profession has not always been able to get itself understood.

In responding to a toast at a banquet given by the faculty and alumni of the Detroit Medical College February 29, 1884, Henry M. Cheever, Esq., of Detroit, spoke most graciously.[11] He said, "I have often thought when traveling and stopping at a strange hotel at night, what a dreadful thing it would be to be taken sick and no doctor there. . . . If he is a conscientious worker, even the drudgery of life will become divine. As quaint George Herbert said,

"A servant with this clause
    Makes drudgery divine
Who sweeps a room, as for thy laws
    Makes that, and th' action fine."

"His labors are in the home, and this beautifies, nay, sanctifies them . . . What is this home? It is the object of man's labor, the altar of his love . . . He enters upon that home circle, and upon what a mission! Of all persons the family physician enters the holy of holies of the home, like a great high priest of nature.

"He comes often when the horizon of life is touching the dim unknown, and hearts are lightened at his coming.

"He should be wise without pedantry, prudent without weakness, gentle without timidity. He should be true and sympathetic, ministering from pure motives. His duties may be onerous, monotonous, even wearisome."

By and large—in the composite estimate, so to speak, the guild has not fared badly. And if you doubt it consult Irvin S. Cobb's "Speaking of Operations." Quotation would be made from this if one knew where to begin, what to select, or where to leave off.

Montaigne writes (not directly of doctors, although he didn't like them):

"He cannot be good since he is not bad to the wicked."

The crux of the situation seems to be, how is the doctor estimated by this large and growing contingent of his fellow citizens?

But pause and page the naturalist!

Just here this warning seems expedient, if it be that—

"In other words, brethren, as much as it hurts, we are suckers—*Catostomus Commersoni*."†

In any event, there is a crumb of comfort in the reflection:

"Blessed are the Meek."

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Chapter II

The American Indian

His Mentality, Manners, Morals and Medicine

"My father? The sun is my father, the earth is my mother, and on her bosom I will recline."

—TECUMSEH.

"I stand in the path."
—PONTIAC (1763)

In other words
"Ils ne passeront pas."
—JOFFRE (1916)

CHAPTER II

The American Indian

His Mentality, Manners, Morals and Medicine

By C. B. Burr, M.D., Flint, Michigan

THERE is a ridge of yellow sand—no! there was a ridge of yellow sand in Springwells, extending from near Fort Wayne to a point where the river Rouge makes its first turn in the district called Delray. The ridge has disappeared; and its site is built up with the habitations of men and the shops of manufacturers. But a few years ago it was visible, covered with a second growth of oaks, an interesting feature of the landscape.

"Mr. J. H. Carstens, father of Dr. Carstens, dug into this ridge of sand at the rear of his property to set up against the bank targets for sharpshooters to fire at. In making the excavation he came upon several human skeletons. They had been buried in sitting postures. Beside each skeleton was an earthenware vessel, decorated with incised bands, and round of bottom. In this round bottom, mingled with earth, each vessel had a brownish substance impossible to define; and upright in the vessel a needle of copper, nine inches or more in length.. I call it a needle or an awl; it was pointed at one end and squared—the rest of it—like the steel rib of an umbrella.

"That is all, except that the skulls possessed peculiarities and were given by Dr. Carstens to Harvard University, where they are treasured as evidences of a race distinct. That is all, except the needles of copper. They came from Lake Superior, probably from Isle Royale. The copper needle apparently was indispensable to the dead as well as to the living. In that belief the copper accompanied the corpse to the grave. We trace its origin; the origin of the man—his history, his destiny—is lost in the mists of forgotten time.

"With this material evidence we hit dimly on vestiges of that race—shall we say of mound builders? And we know they perished before Columbus began his voyages, or the new world was dreamed of by the people of the old."[17] (Joseph Greusel.)

"At the old quarry, at the head of the island [Grosse Isle], the stone was dug for the first arsenal at Dearborn, and was transported by means of 'La Belle Riviere,' now known as the 'Thoroughfare.' An old fort, below Dr. E. L. Shurly's present home, was a favorite and profitable trading post, where the Indians bartered skins for calico, thread, needles, axes, tomahawks and blankets."[17] (Gertrude Rogers O'Brien.)

A medical history of Michigan would lack an important feature if failing to contain a study, however inadequate, of Indian medicine; also of the manners and mentality of the North American red races, the latter subjects being closely related to medicine in its broader aspects. Such history should include reference to widely distributed tribes not directly associated with this State—this for two principal reasons:

First.—Indians were in earlier times even more nomadic than the automobile tourists of today; the geographical location of tribes varied with seasonal conditions, strength of numbers, the possibilities of successful warfare and of satisfying food requirements.

Second.—In their habits of thinking and acting, in their customs, ceremonials and superstitions, in their symbolism and at times in language, distinctly separated tribes bore close resemblance one with another.

As bearing upon the latter statement, certain rites and ceremonies of the Ojibway Indians recounted farther on may well have been followed by the Chippewas, a tribe of the same origin and language. At the time these ceremonies were taking place, the Ojibway Indians were apparently located in Canada north of Dakota. According to Catlin[14] "the Ojibbeways are undoubtedly a part of the tribe of Chippeways with whom we are more familiarly acquainted and who inhabit the southwest shore of Lake Superior. Their language is the same, though they are separated several hundred miles from any of them and seem to have no knowledge of them or traditions of the manner in which or of the time when they became severed from each other."†

William W. Warren in Schoolcraft's "Indian Antiquities" writes, "It is believed by some eminent men and writers that the Red Race of America are the descendants of the Lost Tribes of Israel. I mention this belief here to say that I have noted much in the course of my inquiries that would induce me to fall into the same belief besides the general reasons that are adduced to prove the fact. I have noted that in all their principal and oldest traditions and lodge tales twelve brothers are spoken of; they are the sons of Ge-tub-e, a name nearly similar to Jacob. The oldest of these brothers is called Mujekewis and the youngest Wa-jeeg-e-wa-kon-ay, named after his coat of fishes skin with which he resisted the machinations of evil spirits. He was beloved of his father and the Great Spirit; the wisest and most powerful of the twelve brothers."[13]

"The 'Medicine Lodge' of the Indian may be compared to the place of worship or tabernacle of the Jews: and the sacrifices, offerings, purifications, ablutions and anointings may be all found amongst and practiced by those people. The customs of Indian women at certain periods and after childbearing are almost those of the Jewish women. They have to undergo a probation . . . during this probation they are considered unclean."[13] (Schoolcraft.)

Mr. A. D. P. Van Buren, whose delightful contributions fill so many pages of "Michigan Pioneer and Historical Collections," has written "The

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†There is wide variation in the orthography of Indian names. Inconsistencies herein are mainly due to attempts to quote writers literally.

Indians that formerly occupied Michigan were of the Algonquin family. The larger branch called Ojibways, or Chippewas, inhabited the northern part of the Peninsula, the Ottawas the region south of them. Since 1800 the Pottawatomies have inhabited the lower part of the Michigan Territory."

In this connection, the following letter from an erudite friend is of great interest. By the way, though a lawyer, Mr. Smith is an honorary member of the Genesee County, Michigan, Medical Society.

Doctor C. B. Burr,
Flint, Michigan.
My Dear Doctor:

I am not forgetful of my promise to give you some data as to the medicine of the Huron-Iroquois Indians. It is my firmly fixed belief that the Saginaw Indians who once occupied the region where we now have our homes were merely an overflow from the Hurons of Ontario. I am led to that conviction from study of the artifacts found so numerously in Genesee County and contiguous counties, as well as more remote ones. And if I am right in this the medicine of those Indians is of interest in your contemplated history of medicine in Michigan.

Let me say as preliminary to my discussion of Indian medicine that it is generally not understood how much misinformation comes to the whites who attempt to learn the folklore, customs and traditions of the Indians because of a peculiar characteristic of the Indians little known. I allude to the teachings that the Indian receives from his earliest childhood that idle curiosity is a vicious thing. That prurient questioning of what does not pertain to one's real business is not to be encouraged. Children are taught that such idle interest in things that don't affect them leads to that most detestable habit, mischief making (the mischief maker is abhorred among Indians). The result among these Indians, who have had this dinned into their ears from earliest childhood, is to make them indifferent to the inquiries of one who comes among them asking what they regard as idle questions. It is a common occurrence to refer such an one to some glib tongued, versatile Indian, who improvises such lore, or other lore as will meet the demands of the inquirer, who goes away to publish to the world the wonderful tales that he has heard, while the Indians who have stood around without a smile have a laugh at the expense of the mischief maker. Parker in his "Exploring Tour beyond the Rocky Mountains," noticed this propensity and mentions it in his book. I well know it was common with the Indians of my acquaintance, who like all Indians were exceedingly fond of humor and given to practical joking, and this "stringing" of a white man is a favorite one among them. The result is that much that has become current as Indian tradition or folklore is spurious. I feel that only my own membership in the Seneca tribe, or nation, as they term themselves, saved me from similar jokes. But having been adopted many years ago according to the ancient and sacred rites of the Senecas, my relationship became such that I was spared, I think, such treatment. But I am digressing. I am to tell of certain of the medical secrets—the Indians refer to them as such—that to my knowledge prevailed among the Senecas, which as I am convinced were common to the other branches of the Huron-Iroquois race, and among the Saginaws of Michigan.

Seneca oil, so called because it was a product of the Seneca country and was first brought to the attention of white men by being brought to Johnstown by Seneca Indians, was one of the principal remedies of the Indians. They used it as an unguent for cutaneous diseases, wounds, et cetera, and my faith in its efficacy is evidenced by the fact that I keep it in my home and frequently use it for the purposes that the Indians did. This oil was in great repute among other tribes and it was to be had at Detroit in the earliest period of its settlement. It came from an oil spring that was of such importance to the Indians that when they ceded by treaty their holdings in western New York, they reserved a square mile surrounding the spring as they desired to retain its oil. Gah-nohs-ga, the place of the oil, to this day is reserved by them for the use of the Indians, although the production of petroleum is so extensive; in their vicinity and on some parts of the reservation along the Alleghany River, as to make obsolete the old time custom of gathering the oil by laying blankets on the surface of the spring until saturated by the oil, and then wringing them out, making the task a laborious one, and calling for patience in the production of a pint or so of the product. They also rubbed it upon swollen limbs when the rheumatism afflicted them, as it did frequently. Bear's oil was used in the same manner for rheumatism, but for cutaneous diseases nothing was considered as good as Seneca oil. There was, and I think still is, what my informant, Joseph Jimerson, a great-grandson of Dehewamis, the white squaw, known to the whites as Mary Jimerson, whose life has been the subject of numerous biographies, a medicine circle composed of ten Indians of full blood, "raised up" for the purpose of keeping inviolate the medical secrets of the nation. The requirement that the members of the circle be of the full blood precluded my informant, Joseph Jimerson, from membership, as he told me, because he had, through the white squaw, a small amount of white blood. It was the function of these ten of the medicine circle to keep the old time remedies that had been handed down from remote antiquity, and to pass them along to the generations to come. When a member died his place was filled by one raised up to that position by the franchises of the tribe in council assembled. This is my recollection, but I may be mistaken. It may be that the survivors of the circle chose the new member. In any case, the circle was always composed largely of men who had served for some time and so was a conservative body. They were not given to the medical mummery, or magic that characterized the medical system of the Algonquins whom I esteem to have been far inferior to the Huron-Iroquois in intellectuality. Whatever of such ceremonial initiation the secrets of medicine remained among them were survivals, kept up because of their antiquity, and not because of any belief in the efficacy of such mummery. I might say that the formula of the Medical Discovery that made a Buffalo doctor many times a millionaire was secured from some one of this medical circle of the Senecas, and to this day they dig in season what they call "stone root," to send to Buffalo for use in the making of that remedy, if it may properly be so called. This stone root is known to the whites as rich weed. Its root becomes very hard when exposed to air and the drying process, hence its Indian name, stone root.

The Indians were no more advanced generally than a large portion of the whites of today. Many of them regarded the thunder as of great influence in a sanitary way. That it was a pestilence averter, was of common belief, and in the stereotyped prayer, that with some modifications was used in all their various festivals, there was a thank-offering to Ha-wen-ny-oh, the Master of Life, for his gift of the medicinal herbs with which they cured their diseases, and to the Thunder which has driven away the pestilence, and has purified the air.

But the especial feature of medical concepts that prevailed among the Huron-Iroquois was that manifested in their medical cult known as the "A-k'on-wa-rah" or the cult of the false faces, or as some say, the flying faces. The false face was used among the Huron-Iroquois in many dances, but as so used it was not a secret emblem, but used openly and I think by any one who desired to do so. The A-k'on-wa-rah on the other hand was a secret society, guarding its privileges and its rites and in this came nearer the secret cult of the Medawin of the Chippewas and other Algonquins than any other medical usage common to the Huron-Iroquois. I note a gross misconception of the false faces of the Iroquois by Chambers in his story of the "Hidden Children" where he pictures them following as a promiscuous rabble in a train of a war party of Senecas. That false faces were used in their dances in accordance with ancient custom, and in the medical cult above named, would obviously preclude its use as an appanage to a moblike following of a war party. In fact the most superficial knowledge of Indian character would, or should have taught that a war party would go unaccompanied by anything like the rabble represented.

The false face of the medicine man, or medicine woman, for a woman was leader and spokesman for the cult, was representative of the flying face that entered into the mythology of the Huron-Iroquois so extensively. These flying faces, or heads, as they were called were animate things. They were preexistent to the world itself. When Ha-wen-ny-oh had made the world, or Island which grew into the world, he took a day off and stayed away for a time. On returning he was walking around looking things over when he noticed a flying head, perched on a tree and watching the creator of the world. A conversation followed, in which the flying head asserted proprietorship of the world, and said he was there before its creation. Ha-wen-ny-oh replied that it was his because he made it. The flying head said it was his because he was stronger than the creator, and could thus take what he wished. Finally it was agreed that a test of strength should be had, by each commanding the mountain in the distance to obey the orders of the respective claimants. So at the challenge of Ha-wen-ny-oh, the flying head ordered the mountain to approach, and to the astonishment of the creator, the mountain moved nearer at the order of the head. Ha-wen-ny-oh then ordered the other mountain to

Courtesy, Wm. V. Smith, Esq.

INDIAN MASK

come, and it did as he ordered, and thus he showed his power over the things he had created.

Each, having made good, arose in the esteem of the other, and so an agreement based upon this reciprocal recognition of the other one's power, was reached and thus accord was established. This myth has various versions, differing materially. In one it is said that at the final test of power, when Ha-wen-ny-oh was to order the mountain to come, he required the flying head to turn his back to the mountain which he did, but when the mountain had approached so near he could not restrain his curiosity, and turned suddenly striking his face against the side of the black mountain, distorting his features, blackening his face, and so was angry. The flying faces had before this had red cheeks, and regular features. And it happened that after this those flying heads that retained their ruddy color and regular features were benevolently inclined toward mankind, but those with black faces and distorted features were malevolently inclined toward the man whom Ha-wen-ny-oh had made. This latter version evidently was the one favored by the medicine cult, while the versions in which a dance was instituted by agreement of the two principals involved in the first quarrel, was evidently the one that gave sanction to dances of the false faces. However, it came about that the medicine cult grew up, and their ga-go-sa, or false faces that they wore in their ministrations to the sick were of the regular features and ruddy color.

As I write this I have before me one of the ancient ga-go-sa, or medicine faces, made of wood, red in color, and regular in features. One of the few real antiques now in existence. It was obtained by me from the son of one of the last of the cult of the A-k'on-wa-rah, who died many years ago on the Alleghany reservation of the Senecas in Western New York. This relic of the past has doubtless been used to cure the ills of many sick Indians. It has been donned when the leader, the woman, called its owner to his duties as one of the initiate of the cult of the flying heads. It has doubtless been utilized to drive malevolent demons from the stables, or from the corn fields. Some would say witches, but I find no corresponding concept to our witch belief, among the Indians. Their belief was in demons who were such by birth and nature, and not humans who had sold their souls to the evil one. No such disgraceful heritage could come to the Indians as has come to us from our witch hanging ancestors of Salem.

The exorcising of these injurious demons was a remedial activity of the A-k'on-wa-rah. There were nine of them in all. Their names were known to all Indians, so that their aid might be asked in case it was desired. Their treatment was always preceded by a feast given by the friends of the sick person to the assembled members of the cult. As near as I could ascertain this was all the remuneration they received for their services. I leave it to the medical men to determine the probable effect on the delirious person when he saw the red faced members of the cult, each with regular features, over the sick-bed. I fancy that the result was beneficial to one who had been taught from infancy that such flying heads were benevolent and only appeared to the Indian to do him a benefit.

The code of ethics of the cult is extant. Mr. David Boyle of Toronto, former Curator of the Archeological Department under the Minister of Education, of Ontario, made investigations as to the cult among the Mohawks of Grand River, Ontario. When the membership was full it was announced to the council as matter of public interest, and especially so that no unauthorized person might assume the cures only lawfully to be made by the cult itself, and to prevent anyone from making gain by pretended cures. It would seem that these are, and were ever recurring questions and problems in medical ethics. The cult is now extinct among the Senecas, but from Mr. Boyle's report I would infer that it continued much longer among the Mohawks of the Grand River Reserve near Brantford, Ontario, than it did among their kindred in New York. It was quite dignified in its ceremonies of initiation, in this differing widely from those attending the induction into the cult of the Medawin among the Chippewas. The charge of the Chief to the initiate was as follows: "Brother, listen. Now you must know that we did not make this custom. The beginning was from Nyoh, He who made us, who is above the False Faces. A member of the False Faces must go about among the people in the Spring and Fall to keep them from sickness, and must visit sick people when called upon at all times. This is all I have to say." To this the initiate responds as follows: "I will act according to the ancient customs as advised by the leader of your society of which I am now a member." A discipline was imposed upon any member who was negligent of his obligations as one of the cult.

I find that time limits my further discussion of the materia medica of the Huron-Iroquois. I think the same has been treated by others, so it would be a mere redundance to repeat. I might say that it was a custom among them to tap other trees than the maple, for securing medicine, by the same process that they obtained the sugar from the maple. I mention this as I think it is generally unknown. As to their surgery, I would say it was extremely crude. Nothing that deserves the title of surgery, now one of the most dignified known, existed among them. The treatment was generally applications of herbs, and quite commonly the application of their famed Seneca oil as an unguent to wounds. Fractures were serious among them, because their limited knowledge made a complete recovery quite out of the question. This resulted in many crippled men and a few women among them. One Seneca whom I knew, and who was a man of great influence among them, Andrew John, Jr., was so crippled from an unreduced fracture, that he went through his life unable to walk except with the use of a long pole, or staff, with which he hobbled along. But the condition of such cripples was ameliorated by the fact that no Indian ever made such a condition a matter of mirth, or ridicule. It was taught that such deformity might have come from some act of heroism, such as an encounter with a savage animal. In fact in the hunter stage perhaps the greatest portion had such origin, and none was so impolite as to ever notice any such disfigurement.

In closing, my dear Doctor, let me say that I have no doubt that these same medical concepts, and this same cult of the A-k'on-wa-rah, or false faces, flourished in Michigan, and perhaps where we now live, this cult that traced its origin to the myth of the Flying Head who talked familiarly with the Master of Life, Ha-wen-ny-oh, exercised their curative profession among the Saginaw Indians long before the possessors of this part of Michigan, but who left here in the early part of the seventeenth century for fear of the power of the Five Nations of New York, and going to Wisconsin came to be known as the Sauks, Osaukies, Saukies, and Sacs.

Submitted with deepest respect, by your friend

William V. Smith (Gar-ay-gar-yo).

"The name of Kitshi Manido is never mentioned but with reverence."[24]

"The name of an American Indian is a sacred thing not to be divulged by the owner himself without due consideration."[24] (Bourke.)

"The names of mothers-in-law are never mentioned and it would be highly improper to ask for them by name: neither are the names of the dead, at least not for a long period of time."[24]

The Intellectual Sphere

"There is a widely prevailing belief by no means confined to the ignorant and vulgar that the savage is preternaturally wise in the secrets of nature; that he is inherently endowed with faculties whereby a glance suffices to determine the value of any plant growth or mineral within the domain of his nomadism; and that his pathological information rises superior to anatomical or physiological considerations, transcending all that has been wrung from centuries of applied research on the part of civilization. Society is wont ever to turn a deaf ear to science and evidence when the superstitions that are in some measure inherent to every member of the human race are called in question: and charlatanism receives its greatest impulse when founded upon the theologico-scholastic ground since the clergy have not yet learned that adherence to primitive therapeutics is virtual abandonment and denial of the claims of Christianity."

The foregoing was written by Dr. G. Archie Stockwell and published in the *Therapeutic Gazette* in April, 1887. How much farther advanced has the clergy, meantime, become in its judgments?

The all too common generalizing from inadequate grounds is justly disparaged by Dr. Stockwell. It is probably true that romantic writers and publicists have been responsible for overestimation of Indian traits of character. As in other races the average was in all probability mediocre, but there is abundant evidence to prove in exceptional instances intelligence and judgment of a high order. Thus, for example, Carl Schurz, at the time Secretary of the Interior, has been quoted as declaring that Ouray, a Ute chief, was the most intellectual man he ever met, which may possibly surprise certain ones who in the cattle-ranching days on the plains of Colorado (my cow-puncher cronies on Comanche Creek, for example, if any of them are still living) came in contact with degenerate remnants of the Ute tribe. There is glowing testimony, however, from other distinguished men as to the Indians' mental values.

Chief Pontiac's discourse as recorded in a "Journal of the Siege of Fort Detroit by the Confederate Indian Nation acting under Pontiac" (1763) is masterful, is a marvel of eloquence, and is accessible in Parkman's "History of Pontiac" and in Schoolcraft's "Indian Antiquities."

Major Rogers sapiently declared that the exclamation of Pontiac, "I stand in the path," made to the commander of a British force in 1763, "is a metaphor denoting imperial sway in the west worthy of Napoleon in the palmiest days of his wonderful career, of putting his feet on the necks of the Kings and Emperors of Europe."[13]

Similar testimony concerning the Indian's eloquence, imagination, and mental vigor has been furnished by Charlevoix, De Witt Clinton, Jefferson, Franklin, and others, and it has been written "we get a sterner view of the effects of civilization on the Indian mind and institutions in our own days by listening to the harangues of a Tecumseh, a Red Jacket, or a Thyendenegea (Brant). If there be an intellectual declension in aboriginal character it is in those tribes who have come immediately in contact with civilization and fallen under the misconceptions and temptations of mixed society."[13]

Dr. M. A. Patterson was long the leading physician in Tecumseh and vicinity, having continued the practice of his profession for nearly fifty years and until about a year prior to his decease (in April, 1877). According to Hon. John J. Adam, Dr. Patterson gave the following account of the naming of the village as told to him by others. "Why not call it Tecumseh?" "That will not answer. Tecumseh fought with the British and was a British Indian." "Thee is mistaken," quietly answered Friend Musgrove (Evans), "Tecumseh fought on his own account and for his own people. Tecumseh was Nature's Indian." "That's a fact," exclaimed Wing, "and one of Nature's noblest specimens of a Red Man," which remark "decided the question."[5]

Tomau, "the strongest man in the nation" (Menomini) and acting in the stead of the hereditary chief—incapacitated (an idiot)—responded to

Tecumseh's urgent request for support in his proposed war, "but it is my boast that these hands are unstained with human blood."[24] (Hoffman.) Tomau died at Mackinac in 1817 at the age of 65 "sincerely beloved alike by whites and Indians."

Mr. John D. Hunter published in London in 1823 a book entitled "Memoirs of a Captivity among the Indians of North America" which is of interest especially for the personal contacts with noted Indian characters and the variety of experiences which came to him in association at one time or another with different tribes, among them the Kickapoo, Osage, Sioux, Pawnee, Mandan, Kansas, and others in California and on the Columbia River. Comparing the Kickapoo and Kansas tribes he writes, "The former are treacherous, deceitful, cunning, not tenacious of a good character, exceedingly remiss in their social intercourse and are held in humble estimation by the neighboring tribes, while the character of the latter, according to the estimation I formed of their conduct to me, is directly the reverse. Of the famous Tecumseh whom he heard speak and whose exhortation he has attempted to reproduce he declares, "I wish it was in my power to do justice to the eloquence of this distinguished man: but it is utterly impossible. The richest colors shaded with a master's pencil would fall infinitely short of the glowing finish of the original. The occasion and subject were peculiarly adapted to call into action all the powers of genuine patriotism; and such language, such gestures, and such feelings and fullness of soul contending for utterance were exhibited by this untutored native of the forest in the central wilds of America as no audience, I am persuaded, either in ancient or modern times, ever before witnessed."

These are impressions, recorded a score or more years later, left upon a boy at that time a captive and having had no contact with the white race. He was taken prisoner in some Indian foray when so young as to be without recollection of place, time, or parentage. The name of Hunter was assumed long afterward and is that of a benefactor (and beneficiary). He had once warned Hunter of a plan for the extermination of his outfit.

Of a venerable worn-out warrior named Tshut-che-naw of the Kansas tribe, he writes that he "would often admonish us for our faults and exhort us never to tell a lie, never steal except it be from an enemy, whom it is just that we should injure in every possible way. When you become men, be brave and cunning in war . . . never suffer your squaws or little ones to want. Protect the squaws and strangers from insult. On no account betray your friends. Resent insult; revenge yourselves on your enemies. Drink not the poisonous strong water of the white people; it is sent by the Bad Spirit to destroy the Indians. Fear not death; none but cowards fear to die. Obey and venerate the old people, particularly your parents. Fear and propitiate the Bad Spirit that he may do you no harm; love and adore the Good Spirit who made us all, who supplies our hunting ground and keeps us alive."

This and much more had the boy treasured in memory of a good philosophy, albeit tinctured with mysticism—a frank philosophy which does not concern itself with the altruistically impossible.

"Each band of the Ottawa tribe, and there were many of them, had their own separate chief. The name of the chief of the Hastings band was Pecitiac, than whom no nobler looking Indian could be imagined. He was perfect physically, and the grandeur of his carriage and demeanor could not but make a deep impression upon the most careless beholder. Fully six feet tall, very erect, he showed the type of the ideal Indian we read about. I never saw him in public without a band across his forehead, and from the upper part of his nose reaching to his eyes, ornamented with bright buttons. This was worn by him, I supposed at the time, as an insignia of his office. The chief was remarkable for his integrity and trustworthiness, and the uniformity of his urbanity and good habits. He enjoyed the respect and confidence of his subordinates and followers, as well as the white people who knew him. This band was regarded by some outsiders as the scalawag of the tribe, but why it was so regarded I never could discover, nor in any way comprehend.

"Several of the Indians of this band were polygamists, notably the Chippewas, whose home was on the little Thornapple and Sambie, domiciled on Sambie lake, one of a chain of lakes that constitutes the head of Mud Creek. Each of these had two wives, and both men were called well off as far as Indian wealth was estimated. They were good hunters and trappers, hence their ability to indulge in a plurality of wives."[17] (Henry A. Goodyear.)

Mrs. Schoolcraft

"Her voice is feeble and tremulous: her utterance slow and distinct. There is something silvery in it. Mildness of expression, and softness and delicacy of manners as well as voice characterize her. She dresses with great taste, and in all respects in the costume of our fashionables, but wears leggins of black silk, drawn ruffled around the ankles resembling those worn by our little girls. I think them ornamental."[17]

Mrs. Schoolcraft's mother, who was the daughter of Wab-o-ee, fasted previous to her marriage "according to the universal Indian custom, for a guardian spirit" but "notwithstanding that her future husband and future greatness were so clearly prefigured in this dream the pretty O-shaw-gus-co-day-way-qua having always regarded a white man with awe" on being carried to her husband's lodge "fled into a dark corner, rolled herself up in her blanket and would not be comforted nor even looked upon. It is to the honor of Johnston that he took no cruel advantage of their mutual position."

However, parental authority was exercised. Her father, to whom after ten days she fled, "gave her a good beating with a stick and threatened to cut off both her ears." She was returned with a propitiatory present of furs, apologies and explanations to Johnston, who "succeeded at length in taming this shy wild fawn."[17]

Mr. Johnston, by the way, has been referred to as a physician. He was not such in fact, but was regarded by the Indians as their "adviser, physician and friend." He always kept in his dwelling at Sault Ste. Marie "a full supply of medicines which he administered gratis to all who applied. He used the lancet freely in cases of pleurisy, which is a common complaint among the natives. Although he had made no professed study of medicine his practical knowledge aided by books of reference was respectable, and when the United States Army afterward came to be placed in his vicinity they deemed several of his modes of practice judicious."[17]

Over the dying race as seen in Keweenaw, we may quote the mutilated inscription on the slab beneath Brockway Mountain near Copper Harbor:

1 Beneath this slab a red man's body lies
2 Once to his tribe an honor and a prize
3 But death relentless his . . . days hath numbered o'er
4 His bowstring like his bones will carry death no more
5 O Stranger! pass not reckless o'er this lonely sod
6 But hesitate and think here lies the image of your God
7 Though wild and savage . . .
8 Yet his heart . . ."[17] (Joseph A. Ten Broeck.)

One deplores the absence of the words lost from the above sympathetic and musical lines.

"It is related that an Indian who had been indebted to a white man desired to give his note. A note was written to which he affixed his mark and then pocketed it, insisting that, inasmuch as it was his note, he was the rightful holder. He carried it home but when it became due appeared promptly with the note and the money and paid his debt."[17]

The following editorial from the *Detroit Free Press* of July 10, 1927, is suggestive but not heartening. It indicates that in the progress of time no long step has been taken in the direction of emotional stability and in reasonable reactions to unexplainable phenomena—a fact that no *thinking* being, least of all a physician, will question.

"Mostly in the Same Boat"

"A good many people laughed when they read of the arrest of a St. Louis 'voodoo doctor' who sold specifics by mail to members of his race, offering such commodities as 'black cats' wishbones,' guaranteed to bring good luck to crap players, and 'tie-'em-down' powders, sure to keep husbands in the pathway of virtue. But how many of those who sniggered were in the same boat with the objects of their derision?

"Belief in magic and susceptibility to superstition are peculiar to no race and to no locality. In one way or another, most human beings are infected. Gypsies at this very moment are reaping a local harvest by posing as phrenologists in an amusement park and at various strategic points throughout the city. The number of people in America who fear the 'evil eye' and resort to charms to defeat its malignity is quite considerable. The prevalence of the 'spiritualistic medium' who 'advises on matters of love and business' is surprising only to those who do not know that members of the craft are consulted by thousands of business and professional people supposed to be educated and enlightened. It is only a few years since an illiterate 'healer' in this city drew a large patronage from nearly all classes of society and made money hand over fist by 'laying on of hands.' Conan Doyle believes the Fox sisters were 'genuine' unless he has very recently changed his mind and he 'falls for' some very crude stuff in the way of 'spirit photographs.' Then there is Sir Oliver Lodge, and a few years ago there was Camille Flammarion.

"Conscious or unconscious practice of what is known as 'natural magic' is almost universal. How many readers of this editorial never resort to charms or formulas,

> acquired from others, or of their own making? How many are wholly free from special respect for the number three, the number seven and the number thirteen?
>
> "If you are afraid to be the thirteenth at a dinner table, or feel uneasy in case you see the new moon over your left shoulder, don't laugh too much at the person who wears a rabbit's foot or a black cat's wishbone."

As to the present day partially "Christianized" Indians: "A venerable priest, ministering to the necessities of the members of a fast disappearing tribe of Indians on the lower St. Lawrence, told me of a unique method formerly in vogue among them for overcoming the Evil Spirit, 'Wendigo,' supposed to possess the body of one insane and eat out the souls of others. It was the aim of the Indians to lose in the woods or otherwise dispose of one afflicted with a mental infirmity. On one occasion the priest heard by chance of a puerperal woman suffering from mania. Approaching her cabin about which many 'braves' were standing, he heard the words 'the Curé is coming.' The reason for the warning was soon apparent. Inside the cabin he discovered the Indian woman bound to a chair placed back up and in a sloping position. Around her neck was a cord which extended through a chink in the rear wall of the cabin. At the other end of this cord there had been relays of Indians who made it taut from time to time. The priest extricated the squaw from her perilous position, soothed and cared for her. Not long after, however, with the characteristic perversity of one partially appreciative of the reason for the attention her neighbors had bestowed, and to the end defiant, she exclaimed 'Now I will eat your hearts out.' "[19]

In connection with the above it is interesting to note that Captain Bourke writing of the Apaches says, "Our native tribes do not exactly believe that the mildly insane are gifted with medical or spiritual powers; but they regard them with a feeling of superstitious awe akin to reverence."[24] How far is present-day "civilization" from similar superstitions? Indeed, the particularly baneful superstition, witchcraft, was apparently not entertained by the Indians although it is conjectured that the trephining operation of which evidence is here and there revealed by archeology was made for the relief of the individual from an evil spirit.

On the contrary it is still believed by the unlettered and ignorant in this country that disease and misfortune may be invoked by witchcraft. This is true of many negroes in the South and of the mountaineers of Eastern Tennessee and Western North Carolina. The following is a quotation from the *Detroit Free Press* of April 20, 1913:

> "A young woman named Lynch, a light skinned negress who resides in a cottage in the suburbs of Washington, is causing a stir hereabouts for she is suspected of being a witch. The charge comes directly from Hannah Johnson, another negress who claims the Lynch woman cast a spell upon her, stealing her sight. The only direct evidence is merely circumstantial. The Johnson woman suddenly has gone blind. She blamed the light skinned negress for her misfortune and has preferred charges of witchcraft which the superstitious negroes of the community are commencing to believe."

And as to the mountaineers, a famous bear hunter, Big Tom Wilson, who lived at the foot of Mt. Mitchell in North Carolina, gave to the writer a detailed account of the methods in vogue to overcome the malevolence of witches. Among them was the drawing of a picture of the suspect, pinning it on a tree and shooting through it in the locality of the heart. Incidents connected with Ojibway ceremonials (Q. V.) are similar to this and elsewhere in this history will be found a narrative in the same line.

Those saturated with legal tradition who would insist upon keeping alive, until the day prescribed for his execution, a prisoner condemned to death and bent upon suicide might learn something from the example of Kish-kaw-koo, who had been sentenced to be hanged for murder. Female relatives secured access to him in jail and, provided with poison by them, his finish was after the manner of Socrates. It would be impossible to convince the writer that such an extra-legal performance was not thoroughly expedient and reasonable. Barbarian (?) Cultured (?) What do these words signify?

It Detroit, December 28, 1821, were hanged two Indians, Ke-tau-kah and Ke-we-bis-kim, for the murder of Dr. W. F. Madison.[2]

"The Indians, considering the nature of their tools, were good mechanics and developed the ability to work in woods . . . they have left many woodworking implements, such as axes, grooved and ungrooved, to which handles could be attached, chisels, gouges, occasional copper knives, flint blades, and scrapers."[20]

"Agriculture is a means of obtaining subsistence as is hunting, fishing, and gathering wild seeds and roots. It requires a steadier habit of life than nomadic hunting. The food plants cultivated by our Indians were Indian corn, beans, squashes, and perhaps melons and pumpkins, all indigenous to America." "In the making of sugar from the sap of maple trees an interesting complex of inventions was involved showing much originality. There was scarifying of the trees, the sap spout, the sap bucket, the boiling pot, the firing process, and the final moulding of the semi-fluid produced by evaporation."[20]

Tobacco was "cultivated" by the Indians of Michigan. It was "a great medicine." "The aroma from pipes wherever smoked throughout the world is an incense to the North American Indian who discovered the 'divine weed.'" "Each one [pipe] has an individuality. Many are high expressions of Indian art."[20]

"The Indian used tobacco as a sacred or specific substance to be smoked in formality . . . In councils, conferences, treaties, at the opening of the hunting and fishing seasons, upon adventures in war, at dances, in invoking the powers for whatever purpose, magic, witchcraft, curing disease, help or guidance, smoking was a dignified and necessary part of the ritual. Among the last things an Indian would part with was his sacred pipe."[20]

It is highly probable that with their regard for tobacco, the Indians gave it place in their ceremonials similar to that of incense. Its practical medicinal values were not recognized. (*See* Hunter narrative.) By Michigan pioneers it was often used locally. In the writer's boyhood a "chew" of tobacco was so-to-speak a paternal prophylactic as applied to recent wounds.

Edward Eggleston, quoted by Dr. Hinsdale, says in "The Transit of

Civilization" that "three hundred species of plants had been collected and were used as remedies by the Indians."[20]

The Emotional Sphere

As to other than Michigan Indian women, Carver found "out where the West begins" and recorded in his "Travels" that the Indian women in general are of an "amorous temperature." He discovered customs among them that he regarded reprehensible but evidently studied with meticulous interest. He relates of the Naudowessies that they paid uncommon respect to one for a transaction which would have "rendered her infamous in Europe," a statement which may possibly be discounted by serious students of European history of that period.

"The Indians quickly adopted the fashion of the Frenchmen (of saluting their lady friends with a kiss upon each cheek) with this change—the squaws called upon the white men, and the unlucky pale face who was kissed by a squaw on New Year's day was obliged to give her a drink of whisky. No white man escaped, for if one squaw alone could not secure the coveted forfeit she called to her aid enough of her dusky sisters to throw the victim down and then each kissed him in turn. The result was that the squaws frequently became gloriously drunk and woe to the white man who was kissed by them while they were in that condition, since they did not hesitate to use violence to obtain the desired reward."[9]

And still it has been maintained that emancipation of women is of recent development.

An Indian Chief, Noonday, who is said to have led the Indians, who accompanied the British in the attack on Buffalo, New York, in December, 1813, and to have set fire to that village, died in Prairieville, Barry County. A stone was raised to mark his grave but as usual relic-seekers carried away the last fraction.[6]

Dr. Parkhurst relates that the red-skins used to have periodical jollifications upon the ground now occupied by the Johnson house, and that the exhibitions were exceedingly entertaining to civilized observers.

Civilized!

It may prove a matter of surprise that certain Indians in Barry County took religion, that is to say the Christian religion, seriously. By one writer they are said to have had "a religious fever, and were carefully converted by Bradley and Slater, Indian missionaries, who were located on Gull Prairie, but who moved here and there as occasion pointed the way, to save the souls of the savages. Certain of the Indians who had sat under the persuasive teachings of Bradley and Slater until they had become thoroughly good and pious set out to carry on the good work among themselves unaided. In furtherance of that plan they inaugurated prayer-meeting exercises whenever in camp, and especially upon their camping-ground, near Cedar Creek, their devotional enthusiasm was quite extraordinary. To these prayer-meetings they frequently invited the whites, and always counted upon seeing William

Campbell and wife, near whose house their camps were laid, and with whom they maintained pleasant friendly relations."[6]

"The Indians were established [in Wayland Township] upon the same forty acres during the summer of 1839, and their first work under the supervision of Mr. Selkrig was the building of their wigwams and a large arbor or bower-house, where religious services were held. Mr. Selkrig's sermons were delivered in English and interpreted by Adoniram Judson, or 'Mawbese,' an educated Ottawa, who, during his time, was considered one of the best interpreters in the State.

"These meetings were also regularly attended by many of the early pioneers of the township."[6]

When the Indian maid was young, quoth Carver, "according to an ancient but obsolete custom (which Hamlet says would have been 'more honour'd in the breach than the observance') she invited forty of the principal warriors to her tent where having feasted them with rice and venison she by turns regaled each of them with a private dessert behind a screne [*sic*] fixed for this purpose in the inner part of the tent."[22]

She enjoyed the approbation of the whole band for this profusion of courtesy and was in a very short time wedded to a chief and became a person of distinction. The author adds that it is scarcely once in an age that any of their females "are hardy enough to make this feast," however aspiring.

A symbolic number appears here (*See* Symbolism), namely forty. It would seem as if thirty-five might have answered all temperamental requirements. "Good will to men," that is to say, hospitality, need not have been extended so liberally except for the ceremonial "urge."

The "corn dance" among the Minnitarees is described in James' "Account of S. H. Long's Expedition. 1819-1820."[3] "Squaws carry with them to the medicine lodge in which the Magi are seated seeds attached to the ends of small sticks which are stuck in the ground, then "strip themselves entirely of their garments, and take their seats before the spectators." The Magi in violent agitation leap about and point to the sky, the earth, the sun and the north star successively (symbolic number four). These paroxysms over, each squaw holds aloft her stick and "one of the Magi being provided with a large bunch of a species of bitter herb, dips it in a vessel of water, and sprinkles copiously the seeds and person of the squaws with much grotesque gesticulation. The squaws then resume their clothing and return home" with the supposedly fertilized seed.

In another ceremonial among the Minnitarees, a certain number of handsome, young married squaws are summoned to a "meat-covered lodge," complacent husbands consenting. There they are disrobed in the presence of a considerable number of the "bravest warriors." Each of these makes choice of one of the eligibles, leading to her a fine horse, and placing the halter in her hand. Whereupon she accepts the gift, and he is "immediately admitted to her favor" and "in the presence of the whole assembly."

Creative enterprise could certainly be carried no further within the limits of decorum.

In the same nation a "singular night dance" occurred from time to time, the details of which "published in the Philadelphia edition is replaced by asterisks in the London issue." The recognition of dancing as an exercise related to the creative urge is indicated by the fact that in the Omahaw language "the word watche applies equally to the amusement of dancing and the sexual intercourse."[3]

"In all other instances (except the inveteracy to enemies rooted in every Indian heart) they are cool and remarkably cautious, taking care not to betray on any account whatever their emotions."[22]

On this matter (emotional reaction) there is manifest difference of opinion. Dr. Henry Taylor (Oakland County, 1824) has told the story of "Boyish Spirit of the Indians." He was compelled to ford one of the branches of the Clinton on horseback. The horse balked in mid-stream. He called to Indians in a canoe to help him but they "laughed at and insulted" him. Once out of the water he marched toward them in a threatening manner. They fled at first, then promised assistance, took the Doctor in the canoe, carried him across, he leading the horse through.[17]

A party of adventurers from Ypsilanti or Ann Arbor headed for the Grand River rapids in 1834, arrived at an Indian camp, extremely cold. Among them was a thinly clad boy. They were permitted to sleep at a distance from the fire. At night an old gray headed squaw stirred up the fire, threw in some sticks and rolled herself up in a blanket. Robert ventured near, camped down beside the squaw and eventually shared her blanket. A great shout from the whole company awakened him and he was told that they were "laughing at the old lady and the comely addition to her family."[17]

And as to the contrary emotion, Henry writes,[23] "The speech ended, several of the Indians began to weep and they were soon joined by the whole party. Had I not previously been witness of a weeping scene of this description, I should certainly have been apprehensive of some disastrous calamity." It seems weeping at feasts was customary—this "in memory of deceased relatives."

Certain it is that the Indians recognized the value of pleasant emotions. The La Salle expedition of 1669 was detained at a Seneca village for some time—the question being as to guides. "They must needs smoke and sleep," quoth the historian. On this, as on every important matter which arose, "good thoughts, said the Indian philosopher, come while you smoke." Anti-tobacco League and W. C. T. U., take notice.

"The fire," Henry writes, "rendering the tent warm, the men, one after another, dropped the skins which were their garments and left themselves entirely naked. The appearance of one of them in particular having led us who were strangers into an involuntary and ill-stifled laugh, the men calmly asked us the occasion of our mirth; but one of the women, pointing to the cause, the individual restored the covering of his robe. The women are themselves perfectly modest both in dress and demeanor and those who were not present maintained the first rank in the village; but custom had rendered the scene inoffensive to their eyes."†

It may be confidently believed that Henry eventually parted with regret from these "amicable people among whom an intercourse with Europeans appeared to have occasioned less deviation from their primitive manners than in any instance which [he] had previously discovered."

And to those of the present time who frequent cosmeticians in the "beauty shoppes" and carry away merely purple lip sticking, brick-dust rouge, and kalsomining, the following observation of Alexander Henry will demonstrate how little they receive for their disbursement. "The women, like the men, paint their faces with red ochre and in addition usually tatoo two lines reaching from the lip to the chin, or from the corners of the mouth to the ears. They omit nothing to make themselves lovely."

The Christianaux (*sic*) Indians of whom the foregoing was written are evidently the antecedents of the flapper and their just claim to precedence chronologically should not be ignored by the twentieth century copy-cat. "Such are the exterior beauties of the female; and not content with the power belonging to these attractions, they condescend to beguile with gentle look the hearts of passing strangers." To this end they were encouraged by complacent husbands who discovered that "children borne by their women to Europeans were bolder warriors and better hunters than themselves."[23]

But if the progeny of the episodal and irregular, or possibly of the legitimate, union, chanced to be not of the sex from which warriors are recruited, there were at times "envy, malice, and all uncharitableness." "It appears that the squaws became jealous of Andrew Blackbird's pale-faced wife who was an attractive woman with a beautiful crown of hair. The squaws told Madame Blackbird how the hair could be rendered even more beautiful by applying a "tonic" which they knew about. The tonic was applied and had the effect of rendering her ladyship baldheaded.[16]

In the absence of "beauty shoppes" in 1879 girls were their own cosmeticians with disastrous results as a case of Dr. Yemans, reported to the Detroit Academy of Medicine, indicates. To hide, to a certain extent, the cicatrices from variola "she constantly employed ointments and washes, and tonight I bring her before you, to show their effects. She first used the 'Bloom of Youth' but, when her means prevented her from purchasing so expensive an article she commenced to buy 'Flake White' in small quantities, five cents worth, and make her own solutions for the toilet. You see that she now has a complete paralysis of the extensors of both forearms and this condition is, at the present time, of eight months' duration."

Dr. Hawes said "I have seen three cases of paralysis due to similar causes; one of the arms, one of the face, and the last one, caused by the use of a hair dye, where the paralysis was almost general."[15]

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†"Inoffensive" doubtless, but complete indifference and an appreciation of physiological "reaction" were evidently not lacking in the observant squaw.

"The bloom upon the peach cannot be beautified by whitewash and no chemical process can heighten the tinting of the heather bell."[15]

Indian women there were both handsome and accomplished. "Mr. Johnson, whose residence is on the American side and nearly opposite, has an Indian wife and at least *one* (for I have seen her) very accomplished and polished daughter. I was introduced to her at Dr. Pitcher's and was afterward shown some drawings made by her, by Mrs. Doctor F. . . ." The lady to whom allusion is made was the wife of Henry R. Schoolcraft.[21]

Homo-sexuality was evidently present among the Ojibbeways. One of the sons of a chief was a man "one of those who make themselves women and are called women by the Indians." This creature in the narrative invariably mentioned as "she" was "now fifty years old and had lived with many husbands . . . She often offered herself to me . . . until I was almost driven from the lodge." . . . Eventually Wa-ge-tote, who had two wives, married her"—This "occasioned some laughter and produced some ludicrous incidents but was attended with less uneasiness and quarreling than would have been the bringing in of a new wife of the female sex."[18]

"Reference is made by Marquette to a certain class of individuals among the Illinois and Dakota who were compelled to wear women's clothes and who were debarred many privileges, but were permitted to 'assist at all the superstitions of their jugglers and their solemn dances in honor of the Calumet in which they may sing but it is not lawful for them to dance.' "[24] (Dr. Hoffman.)

"Suicide is not very infrequent among the Indians and is effected in various ways, hanging, drowning, poisoning," and so on. One "in the alienation of mind produced by the liquor had torn off his own clothes" and been tied by his sisters. Released, he went to the Indian burying ground and shot himself. "Misfortunes and losses of various kinds, sometimes the death of friends and possibly, in some instances, disappointment in affairs of love, may be considered the causes which produce suicide among the Indians."[18]

Of Sarah Emily Slater, born August 12, 1827, the first white child born in Grand Rapids, it is recorded, "The baby was given into the hands of an Indian woman to nurse and was treated much as an Indian mother would treat her own."[17]

Of his Kansas Indian "mother" Hunter writes, "she was indeed a mother to me and I feel my bosom dilate with gratitude at the recollection of her goodness and care of me during this helpless period of my life."

Among the Osage he was received into the family of Shen-thweeh, a warrior, at the instance of Hunk-kah, his wife, a "good woman whose family now consisted of herself, her husband, a daughter almost grown and myself," and "who used every means which kindness and benevolence could suggest to engage my affection and esteem."

What an abominable and abysmal lie that there has been "no good Indian but a dead Indian."

Concerning certain nomadic Indians whose tribal affiliations are not definitely given there is written, "These Indians particularly the squaws treated me with singular attention, probably on account of my being the only white person they had ever seen. I forbear, however, going into details because they might by some be considered as clashing with propriety."

May the reviewer be pardoned an expression of regret that Hunter wrote in an age of restraint when asterisks were much more commonly employed than in the second quarter of the Twentieth Century.

"The cold, chilling winds came whistling through the dense forest," writes Mr. Geo. H. Hazelton, who in 1847 was making a "winter trip up the Tittabawassee River." They had started on a thirty miles' walk and found "snow and ice everywhere, no facilities for making a fire, no blankets, and the cold increasing." He was obliged to lie down upon the ice and to declare that be could go no further. "While considering what was best to be done we espied two Indians on skates coming up the river. We hailed them with joy. My guide explained to them our condition. They quickly had me on my feet and taking me by the shoulders slid me some two miles, then assisted me to a wigwam forty or fifty yards distant. They quickly disappeared and I never saw or heard of them again, but have always felt that they were angels in disguise."[17]

In Crevecoeurs "Letters from an American Farmer," published in 1782† the story is told of an Indian and his dog. After fruitless and painful search by the entire neighborhood for a lost child, the dog was sent in quest, and it was not long before his joyful barking revealed that he was successful. Great rejoicing occurred. The child was promptly rechristened with the name of the Indian. The latter was embarrassed; refused all reward. "All he said was, 'Brother . . . I have done nothing for you but what you would have done for me. It was my dog that did it all. Since you are all happy, I am happy. Since you are all glad, I am glad."

"Marchee or Marchee-o-no-qua was a Pottawatomie Chief, Ma-gua-go's sister. She was the medicine woman among her people and the doctress in many families in the white settlement on Dry Prairie and the region about the mission. I have often met her at Isham Simonds' hospitable home on Dry Prairie where she was usually called in case of sickness of any of the inmates and where she was esteemed highly not only for her skill as doctress but for many virtues of a good Indian woman."[17] (A. D. P. Van Buren.)

The "mission" to which reference was made was the "Nottawa" in Calhoun County.

"Mrs. Eva Golson, the daughter of an early pioneer, told me that as late as 1866, when her mother was living at the mouth of the Cass river and was sick with 'chills and fever' she went for an Ojibwa Shaman after failing to get relief from her own people. When he came he refused to perform his ceremonies over her because she was a woman and said his squaw doctored women, he cured men. He went for his squaw and returned in about two weeks, having waited for the time‡ most favorable for the cure. Two squaws came with him. After bringing them, he went away in his canoe but returned for them when they were through. The old squaw began by covering her patient with many blankets. Then she made her a drink by boiling powdered 'herbs, barks and roots.' After part of this had been swallowed, the remainder was placed under the blankets and left to steam, while the blankets were kept down tight. Then these blankets were removed one by one until about the usual bed covering remained. This occupied about four hours of the afternoon. She came next day, found her patient well, and receiving her compensation went her way."[4] (Harlan I. Smith.)

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†Reprinted in "Eighteenth Century America." Yale University Press. Page 133.

Scientific medicinal therapy and hydro-therapy? It strikes thus the medically prejudiced writer of this article. Could any better method combining elimination, warmth, medicine, nursing attention, be devised? And wasn't it fortunate that the patient escaped the Shaman?

In "Pioneer Collections," an incident is related of an Indian and "entire stranger" who came into the house where there was sickness and from which no one could be spared to summon assistance. He realized the situation, indicated by signs that he would carry a written message, and, "divested of every needless encumbrance, started on a run for Dr. Patterson at Tecumseh." The distance was twenty miles, which he traversed in three hours. The patient's life was saved by the Doctor, who came "as fast as his pony could carry him."[17] The Indian would not accept money reward.

Dr. Thomas S. Williamson, contributing to Schoolcraft's "Indian Antiquities," asserts that "mothers frequently and sometimes fathers watch over their sick children with great assiduity." On the contrary the old and decrepit and children who have no near relatives are [among the Dakotas] often neglected.[13]

"Ridiculous misadventures or comical situations are sure to be applauded in the recital."[13]

Of the famous Logan, it is written that "Mrs. Brown's baby daughter attracted his attention." The little girl was just beginning to walk and he had overheard the mother regret that she could not get her a pair of shoes. Logan asked if he might take the child with him to his wigwam. With hesitation she confided her to his care. "Just before sunset Logan reappeared leading the little girl, exhibiting on her tiny feet a pair of beautifully wrought moccasins—the triumph of the forest-skill of Logan's own hands."[13]

It is in vain, comments the writer of the above narrative, "to talk of a mind capable of these refinements of feeling as being *savage*."

"There are those here to-day who recall the interesting character of the squaw whose husband killed Mr. Wisner [a St. Joseph County pioneer]. She was a pure Indian and her virtues were of savage origin and native growth, as she had not been instructed by civilized people. The devotion to her husband could not be excelled, her efforts to keep him from committing the crime ought to have saved the life of the victim. She did all she could to warn the endangered man, and when the Indian sprang upon him, fought for the enemy of her race. Not until she saw that the Indian was likely to be killed did she cease to help Mr. Wisner; but with true wifely instinct, when she saw one of the two must die, determined that that one should not be her husband."[17]

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‡What could this "time" have been?

Mr. Porter (head of a mission school in the Grand Traverse region) "found the Indians uniformly kind . . . On first coming among them he and his family threw themselves upon their honor and honesty, never turning a key to prevent them from stealing . . . and the confidence reposed in them was not betrayed.

"Joseph Na-bah-na-yah-sung or as he names himself, Gibson, a boy about ten years old . . . had the misfortune to break both bones of the leg . . . when the school opened again he was still unable to walk. With a womanly devotion that stands as a living argument against the total depravity of human nature even in those we call savages, his mother and sister alternately carried him three quarters of a mile to school every day on their shoulders. If inquiry be made as to the life and fate of the boy thus highly favored, it only remains to write—and let it be written among the records of the honorable dead—that he died as many other noble men died by cruel starvation in Andersonville Prison."[17]

In these days of anti-cancer warfare, one may well speculate upon what Charlotte Wauk-a-zoo, whose people were healers or medicine men . . . but whose own prescriptions were of roots and herbs, might have accomplished for a waiting world. Her cures of such so-called "incurable chronic maladies as cancer, scrofula, and kindred diseases were marvelous."[17]

"It has been said 'there is no good Indian but a dead Indian' but in our experience we did not find in them the treachery and deceit they are usually credited with . . . They brought us berries from the woods and constantly supplied us with fresh venison . . . the hams were always twenty-five cents, no more, no less."[17] (Mrs. Hoyt.)

There is another side to the picture. Alexander Henry, hitherto repeatedly mentioned, came to Canada with the army of General Amherst in 1760. He traveled the following year among the Indians and in 1809 left a graphic account of the "capture of the garrison at Michilimackinac and the massacre of about ninety people." A summary method of disposing of the troublesome was given. "In the meantime an old woman with a sore leg was showing her distress to an Indian and inquiring if he could administer to her any relief. He said he thought he could and drawing his tomahawk killed her and all the men almost that were in the house."†

"One day Mr. Williams [John Williams of Hastings] heard sounds of fearful turmoil and went to the lake to discover the cause. The savages were gathered about the headless body of one of their members. He learned that the man had become involved in a quarrel with a young squaw, who declared that he 'was no good,' seized a knife and cut off his head. During the excitement she rushed to the tethered horses, cut the rope which held one of the animals, and was off on the Canada Trail before her companions knew what had happened. Their pursuit was too late to catch her, and the body was buried on the shore of the lake."[17]

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†Henry was with General Bradstreet to raise the siege of Detroit. He arrived there August 8, 1764.

The "savage law" required death by torture for "those who shed the blood of their kin . . . The story in all its details is too sickening to print." This was in 1891 when "all the news" was regarded prejudicial to literary digestion.

The story, so much as is told in the "History of Grand Rapids," page 39, indicates that compassion for the tortured and exterminated one was not altogether non-existent and that provision for future needs was not denied. They put with the body "in the log coffin which he had helped to make a bottle of whisky, a hunting knife, a pipe and some tobacco."

"For infidelity an Indian wife lost her nose and her paramour suffered death. It is a sad reflection upon the morals of the white men that Indian women with mutilated faces multiplied as the settlers increased."[9]

No occasion under those conditions for the nose-bag and powder puff.

A boy named Hoffman was made a prisoner by the Indians in 1813. In 1824 he was still unfound and Congress appropriated five hundred dollars to aid in his recovery.

Concerning this matter General Cass wrote to the Secretary of State as follows:

"Some say he settled about Quebec and others that he settled about Kingston.

"Dr. Sampson, who was the surgeon of the post at that time, and who it is probable can give more, and more precise, information upon this subject than any other person, it is stated, is settled in the practice of his profession at Kingston. These are all the facts I have been able to procure. An application to the Canadian Government would undoubtedly lead to a full discovery. They must have the muster rolls of this corps in their possession or within their reach, and will be able to trace Adair. The interposition of their authority may also be necessary to reclaim and restore the child. And a request to Dr. Sampson or to any other officer of the corps for further information would be received with more respect and obeyed with more promptitude if made by our Government through that of Canada, than if made through any other medium."[17]

Dr. John Todd, an uncle of Mrs. Lincoln, was "when the War of 1812 broke out, among the surgeons serving at the front. It will be recalled that the British had captured the advance guard of Kentuckians on the River Raisin, in Michigan; that General Proctor allowed the Indians to cruelly scalp most of the captives, and that the enraged Kentuckians and Indianians who brought up reinforcements, spurred on by the battle cry, 'Remember the River Raisin,' gave pursuit and avenged the cruel treatment of their countrymen by the utter rout of the British and Indians at the Battle of the Thames."[10]

But fortunately, Dr. Todd's life was spared on the River Raisin, although most of his colleagues suffered martyrdom.[10]

"The Indians of Western Michigan assisted the French in defeating General Braddock at Fort Duquesne in Pennsylvania, and in raiding the English settlements as far as the Appalachians. Some of them fought under Montcalm, and later they swarmed to aid Pontiac in his conspiracy. So soon as the French received several defeats, they lost the confidence of the red men, who afterward passed under the dominion of the British. Several hundred Michigan Indians fought in Burgoyne's army, and also participated in raids upon the settlements in Kentucky and in Virginia. Many of them were slain in the battle of Fallen Timbers, and the survivors fled before the victorious Americans under 'Mad Anthony' Wayne."[17]

Obituary

"The old Indian known here as the Indian doctor had died just before I got here and his corpse was sitting up against a tree with a three cornered pen around it, a few rods from the trading post. His gun lay in the pen with him and it was borrowed from its owner for a day's hunt and payment made for the loan by leaving a little tobacco with the corpse."[17] ("Reminiscences of Kalamazoo"—1832.)

Battle Field of Fallen Timbers†

"At the rapids and ford of the Maumee near Maumee, Ohio, where the Indian Chiefs, Blue Jacket and Little Turtle, suffered a decisive defeat, August 20, 1794, at the hands of American troops headed by General Anthony Wayne, which paved the way for settlement of the Illinois country."[10]

The Medicine Man (Shaman) And the Shamaness

The following are extracts from a letter written by the Rev. A. Bingham in 1852 from Sault Ste. Marie:

"I found the Indians uniformly in a very dark and ignorant state, attached to their 'Metawin's' (or medicine religion) and practicing a kind of sorcery, by which their jugglers exerted much influence over their adherents. I also found there was considerable competition and strife among them for eminence in their 'Metawin,' and that their ambition in that heathen science occasionally led them to destroy one another with poison. Their ideas of religion were so confounded with their medical system that they were inseparable, and their jugglers were their doctors. I have frequently seen them practicing (in former days) their heathenish ceremonies over the sick, and wondered that they did not immediately kill them and choke themselves to death with the large hollow bones they appeared to eject from their stomachs. They never administered medicine to the sick unaccompanied by their heathenish ceremonies. They appeared to consider the latter as essential as the former.

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†A picture of Fallen Timbers appears on Page 577, Volume I, History of Medical Practice in Illinois.

"Many years ago one of our heathen women was sick and came to our place, probably for medical aid. I got the doctor to go and see her, and on examining her he decided that she had the spinal complaint, and said it would require pretty severe treatment, and concluded she would not submit to it long enough to cure her, and declined doing anything for her. They camped near the Mission House and remained some weeks. I frequently called into their lodge and read portions of the translation to them and prayed with them. She found we had cupping instruments and a few times sent for me to go over and cup her which I did; but she returned up the lake without any manifest improvement in her health."[17]

"Recent deplorable occurrences" writes Captain John G. Bourke of the United States Army in "Medicine Men of the Apache," 1887,[24] "in the Country of Dakotas have emphasized our ignorance and made clear to the minds of all thinking people that, notwithstanding the acceptance by the native tribes of the improvements in living introduced by civilization, the savage has remained a savage, and is still under the control of an influence antagonistic to the rapid absorption of new ideas and the adoption of new customs.

"This influence is the 'medicine man.'

"Who and what are the medicine-men (or medicine women) of the American Indians? What powers do they possess in time of peace or war? How is this power obtained, how renewed, how exercised? What is the character of the remedies employed? Are they pharmaceutical, as we employ the term, or are they the superstitious efforts of empirics and charlatans, seeking to deceive and to misguide by pretended consultations with spiritual powers and by reliance on mysteries and occult influences?" He answers the questions in a lengthy and scholarly paper, practically as does Catlin and others, that with a modicum of the sincere there is a strong admixture of charlatanry. He writes, "While it is regarded as a surer mode of learning how to be a medicine-man to seek the tuition of some one who has already gained power and influence as such, and pay him liberally in presents of all kinds for a course of instruction lasting a year or longer, I could learn of nothing to prohibit a man from assuming the role of the prophet or healer of the sick, if so disposed, beyond the dread of punishment for failure to cure or alleviate sickness or infirmity."[24]

"There does not seem to have been any inheritance of priestly function among the Apache or any setting apart of a particular clan or family for the priestly duties."[24]

"The medicine men of the Apache are not confined to one gens or clan as among the Shawnee and Cherokee, according to Brinton, neither do they believe, as the Cherokee do, according to the same authority, that the seventh son is a natural-born prophet with the gift of healing by touch, but upon this latter point I must be discreet, as I have never known an Apache seventh son."[24]

"The Number Seven.—'Six days shalt thou labor and do all thy work, and on the seventh day rest from thy labors.' Probably from the day this command was first uttered there has attached to the number seven something of mystic value. In our day there is a very popular belief that 'things go by sevens,' and the seventh son of a seventh son is believed by a very large proportion of the people, as we find them, to be vested with some power to heal, which is not vouchsafed to the general run of mortals, no matter how they may seek to prepare themselves by improving all the advantages of the present 'advanced standard of medical education.' Hippocrates believed there was 'luck in sevens,' and he, like Shakespeare, divided the life of man into seven stages, holding that the number seven is the fountain of all the changes in life. For instance, the teeth appear in the seventh month or sooner, and are shed and renewed in the seventh year, when infancy is fully changed into childhood. At twice seven years puberty begins. At three times seven the adolescent faculties are developed, manhood commences, and men become legally competent to complete civil acts. At four times seven man is in the full possession of all his strength. At five times seven he is fitted for all the business of the world. At six times seven he becomes wise, if ever. At seven times seven he is in his apogee, and from that time decays. At eight times seven he is in his last or grand climacteric, and at ten times seven he has approached the normal period of life.

"There are some remarkable septenary coincidences in the discharge of the physiological functions and in disease processes. The human female menstruates in four times seven days, and in forty times seven days she gives birth to her child. The period of gestation in animals is, in many if not in all instances, a multiple of seven. In the dog it is nine times seven; in the cat, eight times seven; in the fox six times seven. The common hen sits on her eggs three times seven days; the duck and goose, four times seven; the crow, three times seven; the swan six times seven; the peacock, four times seven; the canary and pigeon twice seven. Bees hatch out in three times seven days. Fever and ague has a tendency to terminate spontaneously after the seventh, fourteenth, and twenty-first paroxysms. Relapsing fever is a disease of seven days' duration. Typhoid fever lasts three times seven days. The incubation of measles is twice seven days, and the disease itself lasts seven days—three days of catarrh and four of eruption —before it declines. Scarlet fever and erysipelas occupy seven days. Smallpox requires twice seven days—from the time of the appearance of the primary fever and the full development of the eruption, seven days, and in seven days more the whole crop of pustules has been converted into desiccated scabs.

"Truly, there is something wonderful about the number seven."[15]

George Catlin, author of "Manners, Customs, and Conditions of the

North American Indian," stops his "painting and everything else" to define the word "medicine." "It is very necessary," he says, "that one should know the meaning of it whilst he is scanning and estimating the Indian character which is made up in great degree of mysteries and superstitions. The word medicine in its common acceptation here means mystery and nothing else . . . The Indian country is full of doctors; and as they are all magicians and skilled or professed to be skilled in many mysteries, the word [French] 'medicin' has become habitually applied to everything mysterious or unaccountable."

Catlin was accounted a "medicine man" of the highest order amongst these superstitious people on account of his art, painting, and in passing, it may be mentioned also that the late, very much lamented Sitting Bull of the Sioux Nation was "a medicine man of no mean order—as viewed by his people." He claimed to be able "to foretell events affecting himself and his adherents."[24] (Dr. Hoffman.)

"Until quite recently it was customary for each Indian youth to pass through a certain process of 'fasting and dreaming' whereby he might receive a manifestation from the 'Great Unknown' as to what particular animate form he might adopt as his own tutelary daimon, as termed by the Greeks, or, as more familiarly designated, his guardian mystery. The course of procedure necessary for the young aspirant for honors to pursue was to leave the camp and go into the forest, there to remain in meditation, abstaining from all food, until gradual exhaustion produced that condition of ecstasy during which various forms of animals and birds appeared to him. The first of these forms to clearly impress itself on his mind was adopted as the special gift of the Great Mystery."[24]

In the Grand Medicine Society of the Ojibwas, there were "three classes of mystery men, termed respectively and in order of importance, the Mide, Jessakid, Wabeno."[24]

Hoffman writes "The term, Wabeno, has been explained by various intelligent Indians as signifying 'Men of the dawn,' 'Eastern Men,' etc." He quotes Schoolcraft as saying, it is "a term denoting a kind of midnight orgy which is regarded as a corruption of the Meda" but from personal observation he (Hoffman) ascertained that "a Wabeno does not affiliate with others of his class so as to constitute a society but indulges his pretentions individually." He is "prompted by dreams or visions which may occur during his youth for which he leaves his village to fast for an indefinite number of days . . . Evil Manidos favor his desires and apart from 'his general routine of furnishing 'hunting medicine,' 'love powders,' etc., he pretends also to practice medical magic."

The above is written of the Ojibwas. In the Menomini tribe, "singular as it may seem, there are more women Wabenoak than men, though it appears that in former times the reverse was the case. The performances consisted in handling burning brands and live coals with apparent immunity from harm."[24]

"The Jessakid is a seer and prophet; though commonly designated a 'juggler,' the Indians define him as a 'revealer of hidden truths' . . . He is said to possess the power to look into futurity, to prognosticate the success or misfortune of hunters and warriors . . . He invokes, the Mide averts evil. When a demon possesses a patient the Mide alone has power to expel him although exorcism of demons is one of his pretentions. And evil spirits are sometimes removed by sucking them through tubes."[24]

Quoting La Hontan, Hoffman writes "a jongleur is a sort of *Physician* or rather a *Quack* who being once cured of some dangerous distemper has the presumption and folly to fancy that he is immortal and possessed of the power of curing all diseases by speaking to the Good and Evil Spirits."

"There is still another class of persons termed Mashkikikewinini or herbalists who are generally denominated 'medicine men' as the Ojibwa word implies. Their calling is a simple one and consists in knowing the mysterious properties of a variety of plants, roots, and berries which are revealed upon application and for a fee. . . . Although these herbalists are aware that certain plants or roots will produce a specified effect upon the human system, they attribute the benefit to the fact that such remedies are distasteful and injurious to the demons who are present in the system and to whom the disease is attributed. Many of these herbalists are found among women, also, and these two are generally members of the Midewiwin."[24]

"The origin of the Midewiwin or Mide society commonly though erroneously termed Grand Medicine Society, is buried in obscurity."[24]

"The Mide in the true sense of the word is a Shaman, though he has by various authors been termed Bowow, medicine man, priest, seer, and prophet. Among the Ojibwa the office is not hereditary."[24]

"The Ojibwa believe in a multiplicity of spirits, or manidos, which inhabit all space and every conspicuous object in nature . . . The Chief or superior manido is termed Kitshi Manido—Great Spirit . . . the second in their estimation is Dzhe Manido, a benign being upon whom they looked as the guardian spirit of the Midewiwin and through whose divine provision the sacred rites of the Midewiwin were granted to man."[24]

"Marquette who visited the Miami, Mascoutin and Kickapoo Indians in 1673, after referring to the Indian herbalist mentions also the ceremony of the 'Calumet dance' as follows: "They have physicians amongst them, toward whom they are very liberal when they are sick, thinking that the operation of the remedies they take is proportional to the presents they make unto those who have prescrib'd them."[24]

"The sceptres of our Kings are not so much respected, for the savages have such a deference for this pipe that one may call it the *God of Peace and War* and the *Arbiter of Life and Death.*"

"The infinite number of postures assumed in offering the pipe appear as significant as the 'smoke ceremonies' mentioned in connection with the preparatory instructions of the candidate previous to his initiation into the Midewiwin."[24]

"The Animiki" or Thunder God is, if not the supreme, at least one of the greatest of the malignant manidos and it is from him that the Jessakid are believed to obtain their powers of evil doing. There is one other to whom special reference will be made, who abides in and rules the 'place of shadows,' and hereafter; he is known as Dzhibai Manido—Shadow Spirit, or more commonly Ghost Spirit."[24]

Certain medicine men of the Walapai would swallow a ball of sinew "excepting the end thus attached to the teeth and after the heat and moisture of the stomach had softened and expanded the sinew, they would begin to draw it out yard after yard, saying to the frightened squaws that they had no need of intestines and were going to pull them all out"[24] (Bourke).

The above is introduced here for the edification of twentieth century fakirs who have much to learn.

The Mide priests seem to have had the correct idea, that compensation should be given for that which is worth having. They "exact payment for every individual remedy or secret that may be imparted to another who may desire such information. This practice is not entirely based upon mercenary motives, but it is firmly believed that when a secret or remedy has been paid for it cannot be imparted for nothing, as then its virtues would be impaired."[24] (Hoffman.)

"Women, as before remarked, may take the degrees of Midewiwin but so far as could be ascertained their professions pertain chiefly to the treatment of women and children and to tattooing for the cure of headache and chronic neuralgia."[24]

I discover no mention of gland extract in the solution of the problems of senility among the Indians but it is written by Captain Bourke that in decadence the medicine men rejuvenated themselves by "rubbing the back against a sacred stone, projecting from the ground in the country of the Walapai."

His "medicine bag" was indispensable to the North American Indian. It was obtained by the boy of fourteen or fifteen after days of fasting and crying to the Great Spirit.[14]

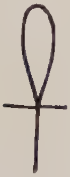
"The first important event in the life of the Ojibwa youth is his first fast. For this purpose he will leave his home for some secluded spot in the forest where he will continue to fast for an indefinite number of days, when reduced by abstinence from food he enters a hysterical or ecstatic state in which he may have visions and hallucinations. The spirits which the Ojibwa most desire to see in these dreams are those of mammals and birds, though any object which first appears is considered a good omen. The object which first appears is adopted as the personal mystery, guardian spirit, or tutelary daimon of the entranced and is never mentioned by him without first making a sacrifice. A small effigy of this manido is made or its outline drawn upon a small piece of birch bark which is carried by a string around the neck or, if the wearer be a Mide, he carries it in his 'medicine bag' or pinjigosan. The future course of life of the faster is governed by his dream and it sometimes occurs that because of giving an imaginary importance to the occurrence, such as beholding, during the trance, some powerful manido or other object held in great reverence by the members of the Mide Society, the faster becomes impressed with the idea of becoming a Mide."[24]

A detailed and extraordinarily interesting account of the ceremony of initiation into the Society of the Mide is given by Dr. W. J. Hoffman in the Report of the Bureau of Ethnology, Volume IX, 1885-1886. It is, regrettably, too lengthy for reproduction here.

There are four degrees and an elaborate ceremonial. The shooting of the migis, an ovoid shell, into the body of the novice four times to give him life and in different places that the functions of organs corresponding therewith may be properly exercised, the presence of the Serpent Manido, the four distinct gifts of goods, the sweat bath for four successive days, the four circuits of the otter, the four trees, one of which is planted at each corner of the Midewidan, the four bear nests, the four doors of the fourth degree, the guardian of the fourth degree—the turtle, and the cross, are strikingly significant from the angle of sex symbolism.

SYMBOLISM

To the writer of this chapter the symbolism connected with the shooting and the number four is unescapable. The "arrow and target" as Inman points out† with a host of other things as "spear and shield," "plow and furrow," "spade and trench" is typical of the union which brings about the formation of a new being, and as to the number four, indicating the union of the three male elements with the one female, and illustrated in the *crux ansata* from which the *pallium* is derived, the suggestion of universality in sex symbolism is striking.



CRUX ANSATA

Symbol of Life according to the Egyptologists. It represents the male triad and the female unit under a decent form.—*Ancient Pagan and Modern Christian Symbolism.*—INMAN.

Further as to symbolic numbers (the number seven is heretofore mentioned) Catlin[14] recounts of the Mandan Indians living on the Missouri River that "the bull dance in front of the medicine lodge repeated on the four days is danced four times on the first day, eight times on the second, twelve times on the third, and sixteen times on the fourth . . .. which added together make forty, the exact number of days it rained upon the earth according to the Mosaic account to produce the Deluge. There are four sacrifices of black and blue cloths over the door of the medicine lodge . . . the visits of O-kee-hee-de (or evil spirit) were paid to four of the buffaloes in the buffalo dance . . . and in every instance the young men who underwent the torture before explained had four splints or skewers run through the flesh on their legs, four through the arms, and four through the body."

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†Ancient Pagan and Modern Christian Symbolism.

Catlin in the above analysis might have gone further, and multiplying the number forty by the symbolic number seven obtained two hundred eighty, representing the ten menstrual months of pregnancy.

And in the corn dance[14] four medicine men with a stalk of corn in one hand (phallic emblem) and a rattle‡ in the other with their bodies painted with white, dance around the kettle chanting a song of thanksgiving to the Great Spirit to whom the offering is made.

In passing it may be noted that white was among the Indians, as I am informed by Mr. W. V. Smith, a symbol of peace, of which they had a larger appreciation than is popularly understood.

Again—four men were selected by No-mohk-muck-a-nah to cleanse and prepare the medicine lodge for the *annual religious ceremony.* One came from each point of the compass and four sacks of water in form of large tortoises† rested on the floor of the lodge. There were four couples and four intervening couples of dancers.

And as this is written investigation is being made by officials of a trunk containing skulls of four women, and inquiry is directed to the goings and (short) comings and as to the personality of its possessor, supposed to be a negro. Apparently the number four has an abiding place in and a special significance to the primitive mind. Major McCreery of Flint has told me of a ceremonial among the Zuni Indians in which the numeral four is conspicuously in evidence.

An article on "Scientific Uses for Michigan Folk-lore" by Harlan I. Smith has recently appeared.[4] In this, Indian symbolism is featured. A ceremonial is mentioned in which a split arrow and two white doves are introduced and in the opinion of the author the proceedings reveal unmistakable reference to puberty rites. It followed a fast of from ten to twenty days and a dream in which appeared a nest surrounded by water like an island. All this is vastly interesting and possibly susceptible of more than one interpretation. That it has sexual significance is plain. The arrow is undoubtedly a phallic suggestion. Has the "nest surrounded by water like an island" reference to the *fetus in utero* or to the anatomical relation of the *mons veneris* and bladder?

There is a legend among the Pottawatomies that when Kitchemonedo made the world the beings populating it looked like men but were perverse, ungrateful, wicked, and for this they were drowned in a great lake. From this lake the world was withdrawn and a very handsome man was manufactured to whom a sister was sent to cheer him in loneliness.

Afterward it was revealed to him in a dream that five young men would come courting the sister. Usama (tobacco), Wapako (pumpkin), Eshkossimin (melon), Kokees (bean) came one after another and each was turned down. "But when Tamin or Montamin which is maize [corn] presented himself *she opened the skin tapestry door of her lodge* and laughed very heartily and gave him a friendly reception." The italics are those of the reviewer, but the sentence seems sufficiently significant to justify emphasis. The form of the wooer doubtless determined prompt penetration of the "lodge." At all events "they were immediately married and from this union the Indians sprung."[13]

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‡Is it significant that this possibly from its oval shape is named she-she-quoi?
†Male sexual symbol according to Inman.

"At White Earth, however, some of the priests claim an additional [Migis] shell as characteristic of this advanced degree and insist that this should be as nearly round as possible, having a perforation through it by which it may be secured by a strand or sinew."[24]

Dr. Hoffman in the Bureau of Ethnology Report, 1885-1886, Page 154, quotes Hennepin in the following tradition of Nokomis (the earth) and the birth of Manabush (Minabozho of the Menomini) and his brother the Wolf. "A woman came down from Heaven and remained for some while—not finding Ground whereon to put her Foot. The Tortoise very officiously offered its Back on the Surface of the Water. The woman came to rest upon it and fixed herself there. The Filthiness and Dirt of the Sea gathering about the tortoise, America was formed. The woman grew weary of solitude and fell asleep; a Spirit descended from above and—'knew her imperceptibly.'" From this "approach she conceived two Children which came forth out of one of her Ribs."

Like other narratives of Hennepin this has been discounted. Impious secular historians suspect him of "drawing the long bow." In any event if he consciously introduced the tortoise as a sex symbol, as such it is well known to be, his digest of the tradition might strike an unbeliever as somewhat worldly.

The pictographs of the jessakan or juggler's lodge with its triangle, at the apex of which lines from the migis converge, and of the central ring into which the prophet penetrates appearing on pages 252 and 253, Bureau of Ethnology Report, 1885-1886, are symbolically suggestive.

In the fourth degree "the pupil receives instruction in making effective charms, compounding love powder, etc. This love powder is held in high esteem, and its composition is held a profound secret, to be transmitted only when a great fee is paid."[24]

To the preservation of this secret or at least for its concealment from the eye of the unsophisticated, Dr. Hoffman would apparently contribute, but the liberty is taken of translating his Latin thus: "Vermillion; powdered snake root; small portion of blood expelled by a girl during her first menstruation; and a piece of ginseng cut from the bifurcation of the root and powdered. These are mixed and put into a small buck-skin bag." This powder "is carried in a small bag made of buck-skin or cloth which the Wabeno carefully deposits within his Midé sack, but which is transferred to another sack of like size and loaned to the applicant for a valuable consideration."[24]

Of a tradition in which the Sun and Spirit restored a boy to life Dr. Hoffman writes:

"The revelation received by the boy was in the above manner imparted to the Indians. The reference to twelve—three times the sacred number four—signifies that the twelve chief priests shall succeed each other before death will come to the narrator. It is observed, also, that a number of the words are archaic, which fact appears to be an indication of some antiquity, at least, of the tradition."[24]

THERAPY

"The American Indian's theory of disease is the theory of the Chaldean, the Assyrian, the Hebrew, the Greek and the Roman—all bodily ailments are attributed to the maleficence of spirits who must be expelled or placated. Where there is only one person sick, the exercises consist of singing and drumming exclusively."[24] (Bourke.)

"It must be conceded that the monotonous intonation of the medicine-man is not without good results, especially in such ailments as can be benefited by the sleep which such singing induces." Bourke recalls cases that recovered under the sedative influence of the chanting "after our surgeons hand abandoned the case."[24]

"There are allusions by several authorities to the necessity of confession by the patient before the efforts of the medicine-men can prove efficacious."[24] *Psychoanalysts*, take notice!

"The medicine-men of the Apache are paid by each patient or by his friends at the time they are consulted."[24] *Doctors*, careless in bookkeeping, take notice!

Two medicine-women Bourke has known. They "devote their attention principally to obstetrics, and have many peculiar stories to relate concerning prenatal influences and matters of that sort."[24]

"The main reliance for nearly all disorders is the sweat bath, which is generally conducive to sound repose. All Indians know the benefit to be derived from relieving an overloaded stomach, and resort to the titillation of the fauces with a feather to induce nausea. I have seen the Zuni take great drafts of lukewarm water and then practice the above as a remedy for dyspepsia."[24]

"When a pain has become localized and deep seated, the medicine men resort to suction of the part affected, and raise blisters in that way . . . After a long march I have seen Indians of different bands expose the small of the back uncovered to the fierce heat of a pile of embers to produce a rubefacient effect . . . They are all dextrous in the manufacture of splints out of willow twigs, and seem to meet with much success in their treatment of gun-shot wounds, which they do not dress as often as white practitioners."[24] (Bourke.)

"It should not be forgotten that the world owes a large debt to the medicine-men of America who first discovered coca, sarsaparilla, jalap, cinchona and guiacum. They understood the administration of enemata, and have an apparatus made of the paunch of a sheep and a hollow leg bone."[24]

The Apache's "medicine shirt," his "phylacteries," his "medicine sash" are discussed in Bourke's interesting contribution to ethnology but limitation as to space forbids further quotation.

It is small wonder that exorcism and incantation should have played such an important part in Indian medicine. Have we not the history of the Salem witchcraft excitement among the superior (?) people of civilized New England? Are not emotional storms and hysterical demonstrations still prevalent? With what cults and faddists and fakirs present day medicine is still beset! How far advanced is the so-called "public" in composite thinking on medical matters?

"A pioneer suffering from an injury to the jaw was in terrible pain all night. A squaw wanted to see his hurts, and insisted, though he pushed her away. She came back with some roots and a stone, pounded up the roots into a poultice and put over his face, and in two hours he was having a good sleep . . . 'twas sure that the Indian had quite a knowledge of simple remedies aside from the jugglery of their medicine-men."[17] ("Reminiscences of Kalamazoo"—1832.)

"Mr. Cisler says that the Indians were excellent doctors. They knew the medicinal values of all kinds of herbs. One day when his little sister was seriously burned an Indian appeared, obtained some basswood leaves, wilted them in hot water and bound them on the wound stating that in 'three sleeps' the girl would be better. And this proved true. In after years a squaw cured Mr. Cisler of a disease which white doctors with the best medical education were unable to conquer."[17]

"Shabbona Shows Skill in the Treatment of a Wound"

"During his lifetime Shabbona had a reputation as a healer, as the following anecdote would imply: A pioneer had a daughter whose hand had become injured and subsequently infected. In desperation the father sought the Indian's aid after the wound had resisted home treatment. For two weeks the red man remained in this household, administering the remedies his empiric knowledge had taught him to apply. The results were everything that could have been desired, for several years since the present proprietress of Shabbona Grove [in De Kalb County], an octogenarian, still proudly exhibited to historians, who in 1922 sought her out, the scars upon her hand as evidence of the old chief's skill."[10]

"In addition to their herb treatment, the Cherokees frequently resort to sweat baths, bleeding, rubbing, and cold baths in the running stream."[24] (Mooney, "Sacred Formulas of the Cherokees.")

"Bleeding is resorted to in a number of cases, especially in rheumatism and in preparing for the ball play. There are two methods of performing the operation, bleeding proper and scratching, the latter being preparatory to rubbing in the medicine,† which is thus brought into more direct contact with the blood. The bleeding is performed with a small cupping horn, to which suction is applied in the ordinary manner, after scarification with a flint or piece of broken glass."[24]

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†This is like old-fashioned scarification.

"Rubbing, used commonly for pains and swelling of the abdomen, is a very simple operation performed with the tip of the finger or the palm of the hand, and cannot be dignified with the name of massage."[24]

"Scarification is quite common." The Apache scouts when tired lashed their legs "with bunches of nettles until the blood flowed," this to relieve exhaustion.[24] (Bourke.)

Dr. Fordyce Grinnell, sometime resident physician, Wichita Agency, is quoted as saying, "Wet cupping is resorted to quite frequently. The surface is scarified by a sharp stone or knife, and a buffalo horn is used as a cupping-glass. Cauterizing with red hot irons is not infrequently employed."[24]

"When the doctor is called to his patient he commences operation by excluding all white men and all who disbelieve in the efficacy of his incantations."[24] *What a luminous example to the Eddyites!*

"The four medicine bags to be seen in the picture are worthy of attention. They were carefully examined under a powerful glass by Dr. H. C. Yarrow, United States Army, in the city of Washington, and pronounced to be human scrota."[24]

Hoddentin, the pollen of the tule, was "the sacrificial powder of the Apaches and was used for the benefit of the sick by the medicine-men who in the intervals between chants" applied this yellow powder to the forehead of the patient, then in form of a cross upon his breast, then in a circle around his couch, then upon the heads of the chanters and of sympathizing friends, and lastly upon their own heads and into their own mouths.[24]

It is a significant fact that one of the scrota above mentioned contained "a vegetable powder resembling Hoddentin" and that "when an Apache girl attains the age of puberty, among other ceremonies performed upon her, they throw Hoddentin to the sun and strew it about her."[24]

Hoddentin is used as a remedy for headache and when it is desired to render him amenable to handling, a snake crawls through this, held in the left hand at the opening of his den.[24]

Among the Zuni Indians a substance called Kunque was used as a reward to successful maidens who participated in "a phallic dance and ceremonies."[24]

The throwing of flour by the Moqui and of a "snow white powder" by the Ojibwa and the possible analogy between the practice and the use of "love powders" among the rustics of Great Britain and the sprinkling of flour and meal common among primitive people are mentioned in this connection.

"There seems to have been used in Japan in very ancient days a powder identical with the Hoddentin, and like it credited with the power to cure and rejuvenate."[24]

And apropos the pronounced relationship of tribes to one another—"no allusion has yet been made to the Hoddentin of the Navajo who are the brothers of the Apache. Surgeon Matthews has referred to it under the name of tqu-di-tin or ta-di-tin, 'the pollen, especially the pollen of corn.' This appears to me to be a very interesting case of a compromise between the religious ideas of two entirely different systems of sects. The Navajo, as known to us, are the offspring of the original Apache."[24]

"This [pounded galena] they tell me is a 'great medicine' fully equal to Hoddentin but more difficult to obtain." "No one seems to understand the reason for its employment."[24]

"Their doctors and practitioners have no knowledge of anatomy, neither of the circulation of the blood nor pathology of diseases."[13] (This is written of the Creeks. Compare Hunter's reference to dislocations.)

For fevers they used the red root, for pleurisy they used sassafras.

"The big prairie weed is used as an emetic, taken with tea."[13]

"They do not bleed in fevers. The Creeks never amputate. They have two modes of treating eruptions of the skin [decotions and steaming]."[13]

"In the treatment of wounds the Cherokee doctors exhibit a considerable degree of skill but as far as any internal ailment is concerned the average farmer's wife is worth all the doctors in the whole tribe."

"The faith of the patient has much to do with his recovery, for the Indian has the same implicit confidence in the Shaman that a child has in a more intelligent physician. The ceremonies and prayers are well calculated to inspire this feeling, and the effect thus produced upon the mind of the sick man undoubtedly reacts favorably upon his physical organization."[24] (Mooney.)

Quoting La Hontan, Dr. Hoffman writes, "They have told me frequently that sleeping and sweating would cure the most stubborn diseases in the world."

Repeatedly during the initiation ceremonies the candidate must resort to the sudatory. "When seated within he is supplied with water which he keeps for making vapor by pouring it upon heated stones. . . . This act of purification is absolutely necessary and must be performed once each day for four days."[24] (Hoffman.)

"Fig. 31† represents a Jessakid curing a sick woman by sucking the demon through a bone tube" and in Fig. 32, "the priest is shown .... holding his rattle, the line extending from his eye to the patient's abdomen, signifying that he has located the demon and is about to begin his exorcism."[24] (Hoffman.)

John D. Hunter[24] devotes a chapter each to "Observations on the Materia Medica of the Indians" and "Observations on the Indian Practice of Surgery and Medicine." In the first he lists more than three score remedies giving each its Indian name and equivalent as "It stops the blood flowing out" (Astringent root), "It expels the wind" (Anise), "It makes sick" (Black locust), "Eye-ball of the Buck" (Buck-eye), with which the eminent Dr. E. McDowell of Danville, Kentucky, made several experiments on himself with the kernel of the nut in frequently repeated doses of a few grains each" and found after increasing doses "the effects were very similar to what three grains of opium would have produced in the same length of time."

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†Referring to an illustration in Dr. Hoffman's writings, not represented here.

Other remedies were "Cooling Plant," applied to swellings, "It pukes," the meaning of which is obvious, Nay [May?] Apple used as an antidote for poison, "Iron," "Paint Root" (to make sleep) which if much handled induces sleep and "is sometimes given as an opiate in very minute doses," "To expel wind" (Spikenard), "Tobacco," and others. Of the latter it is recorded that "cure for bite of snake" an annual plant in large quantities in infusion is administered, the wound is sucked and care taken to wash the mouth frequently with water and to chew tobacco.

As to surgery, Hunter has known them to stop hemorrhages which he was persuaded would otherwise have proved fatal. Among other resources was "hair of various animals bandaged to the parts affected." Troublesome ulcers have been treated by removing "the fungous parts either by escharotics or cautery." In treating dislocations they induce extreme nausea for the purpose of muscular relaxation. They use the point of the scalping knife to extract a bullet which has lodged near the surface. Deep bullet wounds are usually left to heal from below or the missile to become encapsulated. Slippery elm bark is sometimes introduced far into the wound, establishing, apparently, a crude sort of drainage. Incisions are sometimes made in the skin over a deep wound when surface healing is too rapid.

For the very prevalent rheumatism the Indians "seek a great variety of remedies, the principal of which are bleeding, steam bathing, warm infusions, fomentings, sweatings, frictions, unctions," and for diarrhea they "puke, sweat, and give astringents."

Of consumption Hunter says, "this disease but rarely occurs."

In the discussion of Mide therapeutics, Hoffman[24] writes, "In some of the remedies mentioned below, there may appear to be philosophic reasons for their administration, but upon closer investigation it has been learned that the cure is not attributed to a regulation or restoration of functional derangement, but to the removal or even expulsion of malevolent beings." Follows a long list of medicaments from which the following are selected:

White Pine.—Leaves crushed and boiled to relieve headache.

Balsam Fir.—Bark scraped from the trunk and a decoction used to induce diaphoresis, the gum taken internally as a remedy for gonorrhea and soreness in the chest from colds.

Hemlock.—Outer bark powdered and crushed and used internally for diarrhea.

Sap from the Sugar Maple and inner bark of the Yellow Birch.—Used as a diuretic.

False Spikenard.—Decoction of leaves used by lying-in women.

Choke Cherry.—A drink used during gestation.

Seneca Snake Root.—For coughs and colds.

Wild Plum.—Rootlets crushed and boiled for diarrhea.

Striped Maple.—Inner bark used as an emetic.

Black Ash.—Inner bark soaked in warm water, an application for sore eyes.

Cat-tail.—Crushed as a poultice for sores.

White Sumac.—Roots boiled for diarrhea.

Canada Violet.—Decoction used for pains in the region of the bladder.

Lopseed.—Decoction for rheumatic pains in the legs.

Stick Weed.—Fumes inhaled for headache.

After giving a list of twenty plants in use medicinally among the Cherokees, James Mooney in "Sacred Formulas of the Cherokees" writes as follows: "Taking the Dispensatory as the standard and assuming that this list is a fair epitome of what the Cherokees knew concerning the medical properties of plants, we find that five plants, 25 per cent of the whole number, are correctly used; twelve, 60 per cent, are presumably either worthless or incorrectly used, and three plants, 15 per cent, are so used that it is difficult to say whether they are of any benefit or not. Granting that two of these three produced good results as used by the Indians, we should have 35 per cent, or about one-third of the whole, as the proportion actually possessing medical virtues, while the remaining two-thirds are inert, if not positively injurious."[24]

The root of a plant, gogimish, was said to have been used by the Indians to produce paralysis of the face. What this plant is or if poisonous, Dr. Hoffman was unable to learn, and whether rattlesnake venom or possibly strychnine was mixed therewith, he does not determine. As to the former, he deems it improbable because of "experiments made by several well known physiologists, and particularly by Dr. Coxe (Dispensatory, 1839) who employed the contents of the venom sack, mixed with bread, for the cure of rheumatism." However, he writes, "I mention this because of my personal knowledge of six cases at White Earth in which paralysis of one side of the face occurred soon after the Mide administered this compound. In nearly all of them the distortion disappeared after a lapse of from six weeks to three months, though one is known to have continued for several years with no sign of recovery. . . . It is also alleged by almost everyone acquainted with the Ojibwa that they do possess poisons, and that they employ them when occasion demands in the removal of personal enemies or the enemies of those who amply reward the Mide for such service."[24]

"Upon his return home after the first visit, he discovered lying upon the floor under his bed a Mide sack which contained some small parcels with which he was unfamiliar, but was afterward told that one of them consisted of 'love powder.' He stated that he had grown children, and the idea of marrying again was out of the question, not only on their account but because he was now too old. The missionary reasoned with him and suggested a course of procedure the result of which had not been learned when the incident was related."[24]

And that's that. But why does the Doctor leave a curious world in the dark as to what was recommended by the missionary?

The use of coca among the natives of Peru to enable them to endure the fatigue of long journeys, the discovery of opium and of the cinchona preparations, the use of arrow poisons said to have been composed of strophanthus or aconite are hardly pertinent to a discussion of medicine as related to the practice of North American Indians but an interesting fact of history is the avidity with which alcoholic drinks were welcomed by the Indians and the ravages therefrom created among them.

There appears, it would seem, universally in human kind a call from time to time for emotional uplift, the dulling of painful reactions, even the temporary oblivion which intoxication accomplishes. Speke, if the writer correctly remembers—the reading was long ago—discovered among a primitive people in Central Africa, never theretofore in contact with the white or other so-called "cultured" race, an alcoholic brew made from certain native plants or roots. The narrative was extremely interesting but its detail is forgotten. It must be assumed that the eagerness displayed on the part of the Indians of North America to take on this particular "white man's burden" indicates that the secret of distillation from corn, of which there was raised a plenty, was unknown to them.

"Signs of corn fields, rows of corn hills overgrown with turf, could be seen at an early day upon this prairie where Charlotte now stands."[20] (Edward A. Foote.)

"The food plants cultivated by our Indians were Indian corn, beans, squashes, and perhaps melons and pumpkins, all indigenous to America."[20]

"Every corn-crib is a monument to the Indians' contribution to one of the world's greatest staples."[20]

"The five Nations made planting of corn their business."[20]

Out of the use of rum with the Indians as a bribe or to keep them in countenance, trouble arose as appears in the following correspondence:

> "Chambly, 24th August, 1776.
>
> "The General likewise directs me to inform you that the full quantity of rum as is usual has not been given to the Indians and that there will be sent up to your post as much of that Article as will make up the deficiency among the Indians of your neighborhood."

Evidently they had carried the liquor subsidy too far. Major DePeyster in addressing Indians in Council with himself at Detroit, April, 1782, says, "I have to advise you to get cloathing [*sic*] ammunition or such things that may be necessary for you at home for the skins you have brought here to trade and avoid buying of that pernicious Liquor [rum] which so often deprives my children of their reason, for such as carry from hence necessaries find the advantage when they arrive at their village, while those who take rum perceive they gain nothing but indisposition—the General with the

Indians below have requested that Liquor be withheld as they find that the Indians drink to excess and ruin their constitution."[17]

But the same Major DePeyster who shows sufficient respect for the word "Liquor" to capitalize it, in council May, 1782, with chiefs and warriors of the Ottawas, Wyandots, Chippewas, and Pottawatomies, promises them, "The water [rum] you ask for shall be provided for you to sharpen your hatchets and I shall be glad to hear your sentiments as soon as possible."[17]

And Captain Robertson asks in what manner he is to act at that post without liquor and complains, "I am sorry and ten times so that I ever came here to be obliged to cringe and borrow Rum from Traders on account of Government and they making a merit of giving it is very distressing and all that for a mere Bagatelle."[17] (Haldimand Papers.)

The Americans also had their troubles in this connection. Colonel Morgan, then in the American Army, writes from Philadelphia, August 14, 1783, "Brothers, The Chiefs and Warriors of the Six Nations have been a long time Drunk and possessed with the Evil Spirit. They are now coming to themselves."[17] (Haldimand Papers.)

"As regards brandy, I do not venture to express an opinion about it, as I know that those who prescribe rules of conduct for others have not decided whether it is permissible or forbidden to give them any."

"They [the Indians] must have it whatever cost; and it appears to me that it will be most difficult to forbid them the use of it altogether."[17] (Observation of the Compte de Maurepas, Cadillac Papers.)

In the Fourth of July celebration in Grand Rapids in 1840, "liquid refreshments included without extra charge," Ira S. Hatch "danced a jig upon the tables" and "Chief Mex-ci-ne-ne offered a toast 'The Pale Faces and the Red Men.' "[9]

"When the Indians had recovered from their spree they resumed their arms, and then their ladies got drunk in turn. Their jubilee was not as loud nor as exciting as that of their lords, but it was sufficiently so to satisfy their modest desires."[6]

"From 1855 to 1865 the Indians added startling experiences to the daily life and practice of the few physicians, who risked health and fortune in this settlement. Seldom did these red men visit Bay City but what a general carouse ensued, ending usually in a brawl and bloodshed. Then the doctor would be sent for and, at the risk of meeting the altogether too promiscuous blade of the hunting knife, would bind up the wounded and maimed, or assist at the inquest of the dead."[7]

"Possessing a desire for a financial career he [Pierre Morreau] embarked in business in Detroit and meeting disaster, made shipwreck. He brought the remnants of his goods to the valley of the St. Joseph and joined the Indians. Forgetting his family, name, race and lineage, he married a squaw and tried to drown himself in drink. . . .

"Pierre Morreau was the father of seven half-breeds, four sons and three daughters. Sanquoquette, his eldest son and successor, was a splendid specimen of physical manhood, standing six feet, three inches. A man of strong will, inheriting his mother's crafty nature and the many talents of his father, he was well equipped for his place as leader. He was winning and courteous in manner, a gifted orator, gentle and polite when sober, but a fiend when drunk. A white man when drunk is bad, a drunken Indian is worse, but a drunken half-breed is a fiend incarnate. Sanquoquette was a fiend incarnate. Such was the condition of the reservation when the first white settler came to the post in 1831 to make a home in the present township of Mendon and assist the Godfroys in their store."[17] ("The French Settlement of St. Joseph County"—Mrs. Alexander Custard.)

At a meeting of the Michigan Historical Society in 1841, the President, Dr. Douglass Houghton, "presented a pamphlet copy of an address delivered before the Chippewa County Temperance Society on the influence of ardent spirits on the condition of the North American Indian."

In his Autobiography, Dr. N. M. Thomas writes, "Two wigwams in Prairie Ronde were occupied in 1830 by Indians, Saginaw and Tawwan. The former was assassinated by another Indian, the other under the influence of a debauch fell prostrate into a roasting fire."

The Indians "kept no domestic animals except dogs and ponies. In traveling and hunting they were generally mounted on horseback and all rode astride without regard to sex and in single file which formed the trails that traversed the county in different directions. The use of ardent spirits and tobacco seemed to be universal among them and whenever they could get intoxicated, which they could do in great abundance whenever they came in contact with the white trader, they would drink until practically all became drunk or "squibby" as they called it. They used money (shuneaw), skins or furs to buy it."

WITH "THE LAW"

"An Indian was convicted of murder in the winter of '39-'40 and would have been hanged except for application for a new trial."

How natural and contemporaneous this reads.

In the neighborhood of Quincy in 1836 was the remainder of a tribe of Pottawatomies under a chief Bawbeese, who had an attractive daughter on whom he doted and lavished gifts including a milk white pony on which "she skimmed over the plains as free as a bird." She resisted divers and sundry wooings but eventually made a bad bet and married a drunken Indian who pawned her pony in payment of whisky bills. She snatched his hunting knife from his belt and plunged it in his heart. Her father had to preside over the council and pass sentence upon her. This he did and she was executed.

The above story is gleaned from "Pioneer Recollections" but the author, Mr. James H. Lawrence, is not responsible for any crudities therein. It is incorporated here as pro-eighteenth amendment and public health propaganda.

Mr. Mitchell (Dr. David Mitchell)—of whom much more elsewhere (*See* Chapter IV) in this history— "had certainly some expense and a deal of trouble in attending the Canadians and some with the Indians," writes Captain Robertson to Secretary Matthews, September 26, 1783.

Indeed "cares of the world" and *elusiveness* if not "deceitfulness of riches," he experienced in abundance. Captain Robertson "thought five shillings Halifax until the work stoped [*sic*] and 2-6 per Day after, on account of the Indians, to be about sufficient." Dr. Mitchell had sent in his account at the rate of "8s New York currency per Day" for the entire period.[17] (Haldimand Papers.)

The following letter is submitted with the cautionary word that its inferences are not applicable to present day practice.

Michigan State Library, Lansing.
March 26, 1927.

My dear Dr. Burr:

Miss Curtis has made diligent search in Jesuit Relations and finds no medical man mentioned. There was just this item on page 129 in speaking of the Illinois Indians: "They are liberal in cases of illness, and think that the effect of the medicines administered to them is in proportion to the presents given to the physicians."

Cordially yours,
Mary E. Frankhauser,
Librarian.

Childbirth

"It is said that the Indian women bring forth children with very little pain but I believe it is merely an opinion. It is true they are strong and hardy and will support fatigue to the moment of their delivery; but this does not prove they are exempt from the common feelings of the sex on such trying occasions. A young woman of the Rat Nation has been known to be in labour a day and a night without a groan. The force of example acting upon their pride will not allow these poor creatures to betray a weakness or express the pain they feel, probably lest the husband should think her unworthy of his future attention and despise both mother and child."[3] ("Voyages and Travels"—J. Long.)

Dr. Zina Pitcher's Observations on Indian Medicine and Surgery

As might be conjectured from the appearance of his name at the head of the article, Dr. Zina Pitcher has given a conclusive and convincing word on Indian medicine and surgery.[18]

"Nothing aspiring to the dignity of a science can," he declares, "be supposed to exist among a people who have no written language, no literature, nor books, although much practical knowledge may be preserved in their traditions and the spirit of poetry be embalmed in the legendary lyrics of their tribes."

Dr. Pitcher does not "attempt to exalt the intelligence of the Indian" but aims in this article "to show that he has used faculties as discriminating and arrived at results equally as important and correct as those achieved by his more fortunate neighbors in a far different state of civil advancement." To accomplish this end, he points to the "medical science of two hundred year ago." He enumerates various occupational diseases directly traceable to the pursuits of a civilized people and finds that "most of the organic affections and in fact a large proportion of the three hundred genera which make up the nosological table of diseases—a knowledge of which constitutes pathology, a distinct but recent and important science,—are peculiar to the civilized state. The simpler functional disorders are those to which the Indian is liable. To the treatment of these he has a materia medica and system of therapeutics . . . very well adapted."[13] And as to the psychic sphere, insanity, he declares, is much more prevalent among a civilized than it is among a savage people.

The Indians' knowledge of anatomy is in great measure comparative and derived from acquaintance with the structure of the higher order of animals. "They have names for all the important organs of the body; know their position, have definite ideas of their use and of the manner in which they perform their office. A striking instance of the truth of this remark occurred whilst the writer was stationed at Fort Brady as long ago as 1839. A cow whose history I knew was to be slaughtered by order of the Commissary of the Post, and, with a view to verifying the doctrine then taught by physiologists so far as her case could furnish the proof, that the number of impregnations that had taken place in a viviparous animal could be determined by the eschars upon the ovaria . . . I was present to make the necessary examination." Seeing Dr. Pitcher thus engaged an old Chippewa voyageur remarked, "That is the way the Indians tell how many young beavers to look for in a lodge if they first chance to capture the mother of the family."

Dr. Pitcher compares to the disparagement of the former the relative knowledge of the Chinese and Indians in anatomy and physiology, and as regards treatment he knows "of nothing in Indian practice which indicates such grossness of taste on the part of the people who used and prepared them as some of the formulæ for the preparation of remedies which may be found in a book written during the prevalence of the great plague in London in the latter part of the seventeenth century." The examples cited at length are powders made from the hair and nails, the application of spittle to eruptions on the skin, dried menstrual blood for the falling sickness and stone, the secundines for the cure of scrofula, semen for protection against witchcraft "and the imbecility of the instruments of generation," human dung mixed with honey as a cure for quinsy, these and others, *ad nauseam.*

The author then passes on to the "Perennials of History" (the quacks) and discusses the tar water of Bishop Berkley Perkins' tractors, "the animal magnetism of Miss Prescott and her disciples, and the homeopathic granules of Hahnemann" and reaches the indisputable conclusion that he has said enough "to vindicate the character of the red man."

Follows an analysis of the Indian's methods in medicine and surgery and enumeration of plants employed in his therapeusis. These are too lengthy for reproduction here but are illuminating and should be read in their entirety. The impression long entertained by the reviewer that in medicinal treatment the profession in its "progress" has been deflected too far from the trail of the "simples" and the practical is surprisingly confirmed.

"The Age culls simples" quotes the accomplished and erudite Dr. A. B. Lyons in a paper† before the Detroit Academy of Medicine in 1878, a censure of the "materialistic spirit of our scientific studies that is I fear too just even in this nineteenth century."

As to the care of the surgically ailing and wounded Dr. Pitcher writes:

"When strangulated there is no remedy in the range of Indian surgery, but for simple hernia they contrive a bandage and compression which affords effectual relief."[13]

"They make an excellent splint out of the bark of a tree."

"Wounds received in that way are cleansed by the vegetable decoctions already mentioned which are introduced by means of a bladder and quill made to perform the functions of a syringe . . . and to guard against the premature closing of the external orifice they introduce a tent made of a piece of the bark of the slippery elm which has firmness enough to admit of its introduction to any required depth whilst the great amount of mucilage it contains prevents the irritation of the surface with which it lies in contact.[13]

"Incised wounds of any considerable extent are brought together with sutures made from the inner bark of the basswood or the fibre of the long tendon of the leg of a deer which they do not remove till after the sixth day. After this they carefully wash the wound with a decoction of a lichen found on the borders of brooks, or the basswood or slippery elm."[13]

"In time of war the Indians prepare litters for the transportation of their wounded made of long poles lashed together by cross-pieces and filled in with bark."[13]

The following are extracts from interesting communications received from Dr. W. B. Hinsdale, Custodian of Michigan Archeology, University of Michigan:

> "I have given considerable attention to 'Indian Medicine.' The Indians contributed abundantly from their pharmacy to the pioneers, who passed on the uses of many roots and herbs to the pioneer doctors. Of course the doctor usually obtained his native plants from rural collectors, or more likely from the old time druggist. I suppose if one were to have accused them of borrowing from the Indians, they would have denied it, because they did not know the actual, original sources of the same, but the fact remains, nevertheless, that the pharmacy, up to a few years ago, was made up very largely of native plants the original use of which was by the natives.
>
> "It would be no more derogatory to the doctors to have obtained knowledge of the medicinal plants from the Indians than it is to us to have taken over from them the consumption and culture of Indian corn, potatoes, sweet potatoes, pumpkins, squashes, melons, the making of maple sugar, and so forth. There are still living in the state or closely adjacent thereto, numbers of Indians, in or past middle life, who still collect and practice with the native herbs, and since they contributed somewhat to the white doctors' pharmacy, deserve intensive investigation. In my opinion, a valuable contribu-

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†"The Indigenous Medical Plants of Michigan." *Detroit Lancet.* Vol. I, p. 197.

tion to the history of medicine, which has never been systematically undertaken, would be before it is too late, such a study as I have suggested.

"I have also paid considerable attention to collecting medicines from the living Indians in various Chippewa, Ottawa and Pottawatomie localities. The plants are mostly well preserved, labelled with the Indians' names and nearly all identified. Those that are not identified botanically, can easily be made out. I have the Indian formulæ for a good many mixtures and the 'indications.' So soon as the Museum is ensconced in its new building, I intend to prepare an exhibit of Michigan Indian pharmacy. This material is available for your use if you wish.

"The living Indians in the state, and no doubt elsewhere, are still practicing almost entirely their own 'medicine.' I know a number of them that are 'doctors' and have enjoyed conversing with them. Sometimes they are a little 'shy' about telling all one wishes to find out, because the old mysteries and superstitions are not by any means eradicated from their primitive traits."

Perforated Skulls and Trephining

"In this State certain human skulls are found with circular perforations. These are very characteristic, the only others known being a few which have been found in Canada, and if more are discovered light may be thrown eventually on their origin and purpose."[17]

"It has never been my good fortune to notice an example of trephining among our savage tribes, although I have seen a good many wounded, some of them in the head. Trephining has been practiced by the aborigines of America and the whole subject as noted among the primitive peoples of all parts of the globe has been treated in a monograph by Dr. Robert Fletcher, U. S. Army."[24] (Bourke.)

There is evidence that trephining was at least occasionally practiced by Michigan Indians for what reason is not clear, whether for the purpose of "securing the button as a fetish," as suggested by Hrdlicka or "for some medico-religious reason; to let a bad spirit out or a good one in; either of which, of course, is a wild conjecture. The fact remains that perfectly normal skulls were trephined while the subject was alive."[20]

In the University of Michigan is a specimen of real trephining (*See* cut). "The edges of the opening show unmistakable evidence of a well-advanced healing process which could have gone on only during life."[20]

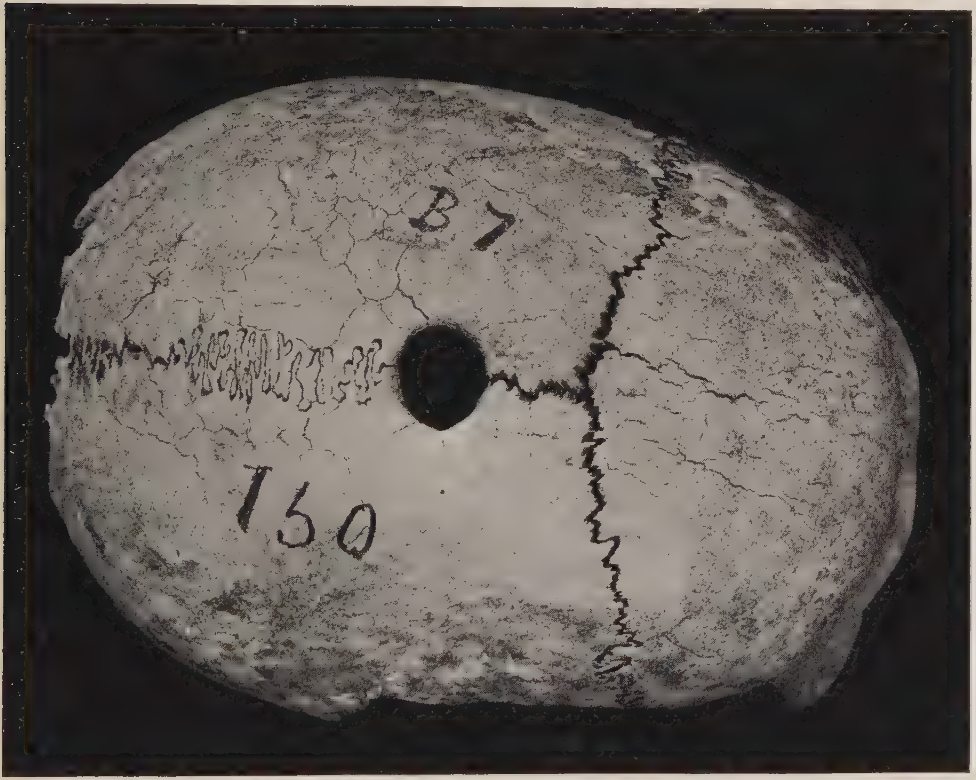
Concerning the matter Dr. Hinsdale writes as follows:

"I have looked up some of the references about perforated skulls in Michigan. If one will refer to Smithsonian Report, 1875, pages 234 to 245, he will find reports of several such specimens, report being given by Dr. Henry Gillman. If he will refer to "Memorials of a Half Century," by Bela Hubbard, pages 236 and 237, he will find a comment upon the same subject. There are other citations that might be made, but the one by Gillman is the basis of all other comments that have been made upon the subject. I have taken a great deal of pains to locate the skulls referred to by Gillman. I am of the opinion that they are packed away in some Eastern museum, because Mr. Gillman is known to have disposed of a great many finds from this state to Eastern institutions. Last year at Peabody Museum, Harvard, I located some rare artifacts from this state that had been sold by Coffinberry of Grand Rapids to that institution. I did not have time to 'dig up' in that place any skeletons or parts thereof. I think it would be possible by correspondence, and otherwise, to locate Gillman's specimens."

"Your note referring to trephines at hand. I have a skull which shows attempted operation around a large irregular opening in the side. This 'operation,' if it be a real artificial attempt, as I think it is, is altogether dissimilar to the 'round hole' trephining as in the illustration you now have. It is a Michigan specimen. I think we have a full-sized photograph of it which you may have to examine, if you wish."

"Dr. W. B. Hinsdale in 1925 brought out his book on 'Primitive Man in Michigan,' a very comprehensive and instructive book, especially for the amateur, as practically 90 per cent of our membership [of the State Archeological Society] is composed of those enthusiastically interested but scientifically untrained.

"Dr. Carl E. Guthe, Director of Anthropology, University of Michigan, has recently prepared a little brief on 'Notes on the Excavation of Indian Mounds and Graves in Michigan.' Other publications that have maintained an interest in our work, all by Dr. Hinsdale, are 'The Missaukee Preserve and the Rifle River Forts,' 'An Unusual Trephined Skull from Michigan,' a lecture on 'Corn,' a paper on 'Waterways of the Indian,' and 'Religion at the Algonquin Level,' and the writer has prepared several mimeographed letters to members on the general progress of the work."[16] (Edw. J. Stevens.)



Trephined Skull

Skull taken from Devil River Mound, Alpena County. Healing well advanced.

"Traces of Indian mounds may still be seen in Lawton . . . before the plow had disturbed these elevations they were in some cases very clearly defined and contained . . . Indian relics. . . . In 1840 one Wetherby, a hunter, opened these mounds and found within them human bones and flint arrow heads. At that time beech-trees sixteen inches in diameter were growing on some of these mounds."[8]

A PIONEER'S IMPRESSIONS

"These [the Indians] are a people of strange peculiarities, some of which I will make mention in my history."[†] The ladies and children were afraid of them "intruding unknown to us" and "would fasten up the doors and even the windows," but "after all they would manage some way to get in by unfastening the door and it was no uncommon thing to wake up and discover several of them sitting around the fire drying their moccasins . . . They would be careful not to talk loud or to make much noise and we would be equally so to [*sic*]."

"There was a hole dug up and about four feet deep and two feet across it, one mile from my place on the bank of the Thread river. Report has it that in 1812 the Indians took a white man prisoner at Detroit, and brought him here and dug and stoned up this hole and then placed the man in it and burned him. The stones show the effect of fire."

"At about the same time some Indians were on their way to Detroit to engage in war.[‡] When about half way to Pontiac from Grumlaw, one of these Indians from some cause, would not consent to fight on either side. Of course such an Indian can't live. He was shot while standing, he reeled and staggered backward, then struck on his left hip and shoulder. After that every Indian had to go through the same performance, to teach them what the effect of disobedience would be. The Indian in falling made nine tracks, then fell, which was called the Indian 'nine tracks' . . . I have been on the trail several times and tried to go through the performance for the novelty of the thing. The trail was very plain, being worn quite deep, and so were the 'nine tracks' and the place of the hip and shoulder as he staggered and fell outside the trail, and they were plain to be seen in 1834."

"Canada gave every male Indian, old or young, at this time, fifty cents in silver yearly as a bounty. One day I counted one hundred and twenty-five Indians and squaws on their way to Malden, in Canada, for their fifty cents. Some of them came from as far as Mackinaw. It was in the month of July, and it was a hot or warm day—one young squaw had a papoose about three weeks old, laid upon a newly peeled piece of bark, upon its back, bareheaded and almost in a nude state with the sun shining down upon it, and the bark laying upon her arms in front of her. The child could not be carried any other way, being so young [for fifty cents]. On their return back to Grumlaw [now Grand Blanc] they would spend about all with Rufus Stevens for whisky, as he kept Indian goods."

They caroused, then subsequently pillaged; were sobered slowly by Mr. Stevens through diluting the whisky. The latter could give cards and spades to any present day profiteer if the story that he "used to charge them fifty cents for a gun flint that cost one penny, or take half of a tanned deer skin for it," is reliable.

Of therapeutic interest is the story of "my sister's son a small child" who "had been lately burned by hot water and he was taking on bitterly."

[†] A Pioneer History of the Township of Grand Blanc. Alvah Brainerd. *See also* Chapter V.
[‡] The War of 1812?

A squaw asked if the burn was by fire or water (squota or nabish). "She called for my 'waugauquet or ax' and sent a boy to the woods with it who "returned with some black cherry bark, when she took the meat part and chewed it until it became a gum which she spread on the burn and the effect was wonderful. The child quickly became quiet and soon was well."

Wish fulfulment could have had no part in the "dream the Indians would come after I left the bush and boil all night, and in the morning carry it [the maple sugar] away with them."

OTHER OBSERVATIONS OF PIONEERS

Mr. B. O. Williams said of the Indians of the Shiawassee region, "They were hospitable, honest and friendly, although always reserved until well acquainted; never obtrusive unless under the influence of their most deadly enemy, intoxicating drink. None of these spoke a word of English, and they evinced no desire to learn it . . . I believe they were as virtuous and guileless a people as I ever lived among, previous to their great destruction in 1834 by the cholera, and again their almost extermination during the summer of 1837 by the (to them) most dreaded disease, small pox."[11]

The Indians opposed vaccination and were withal not completely guileless. Furthermore with whisky available at the distilleries for twenty-five cents a gallon abstemiousness was far from the rule among them.

"Mrs. Gideon Cross obtained disfavor among the Indians because of her earnest and emphatic protests against the sale of whisky by Henry Leach to the natives, and the latter sought by various means to show their dislike towards her. While the smallpox was raging, a squaw carried into Mrs. Cross' house a papoose sick with the disease, and placed it within the cradle occupied by Mrs. Cross' babe hoping that the latter might be stricken. The scheme miscarried, and the Cross child, although slightly affected afterwards, was not seriously troubled."[11]

General Cass after the completion of a treaty, opened five barrels for the Indians and a disaffected trader "ordered up ten" and served them with dipperfuls. "I lost my whisky and my money" he afterwards remarked "but I had good revenge on Cass."[11]

"In every practical concern the English learned more from the Indians than the Indians learned from them," writes Professor Thomas Jefferson Wertenbaker in "The First Americans" of the History of American Life Series."†

They learned "not only the art of fighting in the forests but also the art of living in them." The white man copied their methods of trapping and hunting, of blazing trails, building fires, signaling with smoke columns, using wild herbs for medicine, maple-sugar making, dressing skins, cooking and detecting the approach of enemies. "Most important of all, they learned from the Indians how to make and use that merchant vessel of primeval America—the canoe." It was the birch-bark canoe "which made possible the fur trade with the interior, and it was the fur trade which laid the foundation of some of the colonies."

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"In May 1859, Old Okemos, nephew of Pontiac, the Chief of the Pottawatomies, passed to the Indian heaven." He, "though terrible in battle—as his cloven skull and numerous scars are proof positive that he has seen service—was gentle as a child when off duty."[12]

"One of my childhood memories," writes Dr. L. Anna Ballard of Lansing, "is of the yearly visits of Chief Okemos who always came in time for dinner. We children looked forward to those visits as one of the incidents of our lives. Once I remember he had a young Indian lad with him who was doubtless later the young Chief John."

An Indian Chief named Chippewa, whose remains were buried on a farm in Victor, Clinton County, thought, in 1838, when smallpox was present in epidemic form, that he could relieve himself from the disease "by leaping into a cask of cold water."[11]

He was mistaken; but the fact that "his burial-place is regarded with considerable respect" and that there was talk in 1880 "of inclosing it within a paling" indubitably indicates that courage of medical conviction and enthusiasm in therapeutic endeavor are not wholly unappreciated.

"Among the first settlers in the town [York, Washtenaw County] was Alanson Snow known as the 'Indian hater.' When a lad the members of his father's family were massacred by the Indians of Ohio right before his eyes. From that hour he vowed eternal vengeance upon the redskins, a vow that he kept with unrelenting hatred. He ranged the woods for days at a time, seeking opportunities to avenge their death. It is said that the Indians believed him commissioned by the 'Great Spirit' to destroy them, and they fled from his presence as from the devil."[12]

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Chapter III

Physicians with the Early Explorers and Adventurers

"Having accomplished this treachery the voyagers proceeded to plant the Emblem of Christianity."

—Parkman.

CHAPTER III

Physicians with the Early Explorers and Adventurers

By C. B. Burr, M.D., Flint, Michigan

"The Indians in the vicinity of St. Joseph's River, Lake Michigan, were visited by Father Marquette in 1675. La Salle built a fort at the mouth of the river in 1679." (Fuller's *Historic Michigan.*)

I HAVE seen somewhere in print that a surgeon accompanied Champlain on the westward wanderings, 1611-1618, and that Mackinac was visited. It is well known that he reached Georgian Bay and apropos the journeyings about a half-century later, of two Sulpitian priests, Dollier and Gallinée, who coasted along the south shore† of Lake Erie and "into the peaceful waters of the Detroit river," arrived at the site of the present city of Detroit, and discovering an Indian idol, paused long enough to smash it in pieces and throw the fragments into the river, Henry M. Utley writes,[6] "so far as is known this is the first record of a visit to this locality. In all probability others had passed through the straits—the Recollet and

FORT
ST JOSEPH

Site of Fort St. Joseph Near Niles, Michigan

From kodak print made and presented by Dr. Lucius H. Zeuch, compiler of "History of Medical Practice in Illinois."

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†See Addenda to this article.

Jesuit missionaries and possibly Champlain himself." Be this as it may, the name of the surgeon, if any, with Champlain is unascertained.

In passing, pious people will be glad to be assured that "God rewarded us immediately for this good action, for we killed a deer and a bear the same day.[6]" Members of the medical profession will be perhaps equally gratified to learn that the missionaries traveled hitherward on their own, ministering to physical as well as spiritual needs, and that no physician could, consequently, have had any part in such a bit of vandalism.

Whether on LaSalle's first expedition in 1679, he was accompanied by a surgeon, history does not reveal, but it is possible that Liotot of sanguinary fame, journeyed with him on this occasion, returned with him to France, and remained in his company until the tragic Louisiana experience, of which more farther on.

Courtesy of Dr. Zeuch

Marker on Eminence Opposite Fort St. Joseph, the Approximate Site of Father Allouez' Grave

In the "Jesuit Relations" of this and an earlier period, mention is made of surgery and surgeons, the latter occasionally by name, but none of these, apparently, accompanied Fathers Marquette, Joliet, Allouez, Jogues, Raymbault, or others, on their missionary enterprises to the Michigan localities.

I have authority of Hon. Thos. A. E. Weadock, who has devoted much time to the study of the subject, that "Marquette was not accompanied by a physician at any time," and he adds, "the Jesuits seems to have had some knowledge of medicine. You know they discovered cinchona which was called 'Jesuits bark' for many years.‡

It is altogether probable that one Jean Michel was of the pale-face race, the medical man having had the enviable opportunity to "see Michigan first." This was before the days of organized crime; transportation and, in tourist parlance, "sojourning" were then relatively safe. There was nothing to fear but the Indians—mosquitoes and "varmints" excepted—and of these the few unfriendly Indians succumbed speedily to fire-water, fire-arms and other civilizing agencies.†

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‡Personal letter.

Indeed, the civilizing machine was so well oiled, and operated so perfectly that the *New York Commercial Advertiser*[1] was able to declare in December, 1822, that "Michigan is the worst governed state or territory in the Union if half is true that has been published in the last three or four years and never contradicted." (It is perhaps scarcely worth while to attempt contradiction at this late date, but it may be expedient to indicate whence much of the early population of Michigan was derived—the State of New York).

Courtesy of Dr. Zeuch

REGION NEAR LUDINGTON ASSOCIATED WITH THE DEATH OF FATHER MARQUETTE

Michel accompanied the second LaSalle expedition in the Tonty Section in 1681, but vanished speedily from sight. At all events, he was not, apparently, in the following year with LaSalle at Green Bay, otherwise it would scarcely have been necessary for "friendly" Wolf Indians to seek roots‡ wherewith to dress the wounds of Sieur Barbier, unless mayhap Michel had run out of medical supplies and sought the coöperation of the

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†Concern for the Indian on the part of our forebears is well expressed by Major E. C. Nichols of Battle Creek to the Sanitary Convention in March, 1881. *Detroit Lancet,* Vol. IV, p. 548:

"Your methods differ somewhat from those of an earlier generation. In that quaint but doubtless veracious history of New York, written by Diedrick Knickerbocker, it is stated that the North American Indians, when discovered by our ancestors, were in a state of deplorable ignorance and destitution. But no sooner did the benevolent inhabitants of Europe behold their sad condition than they immediately went to work to ameliorate and improve it. They introduced among them rum, gin, brandy, and other comforts of life, and it is astonishing to read how soon the poor savages learned to estimate these blessings; they likewise made known to them a thousand remedies by which the most inveterate diseases are alleviated and healed, and that they might comprehend the benefits and enjoy the comforts of these remedies, they previously introduced among them the diseases which they were calculated to cure."

‡La Salle's narrative.

Indians to replenish his stores. Such conjecture is by the way, not at all incredible, as the following narrative reveals:

"In 1535-1536 the Iroquois around Quebec, as Jacques Cartier relates, treated scurvy in his crew very successfully with an infusion of the bark and leaves of the hemlock spruce; and the French at Onondaga in 1657 found the sassafras leaves, recommended by the same tribe, 'marvelous' for closing wounds of all kinds."[3]

Parkman's account of the Cartier's crew incident is as follows: "A malignant scurvy broke out among them. Man after man went down before the hideous disease till twenty-five were dead and only three or four were left in health. The sound were too few to attend the sick and the wretched sufferers lay in helpless despair, dreaming of the sun and the vines of France. The ground, hard as flint, defied their feeble efforts, and unable to bury their dead, they hid them in the snow drifts. Cartier appealed to the Saints, but they turned a deaf ear. . . . The Holy Virgin deigned no other response.

"There was fear that the Indians, learning their misery, might finish the work that the scurvy had begun. None of them, therefore, were allowed to approach the Fort . . . Cartier forced his invalid garrison to beat with sticks and stones against the walls that their dangerous neighbors, deluded by the clatter, might think them engaged in hard labor. These objects of their fear, proved, however, the instruments of their salvation. Cartier, walking one day near the river, met an Indian who not long before had been prostrate like many of his fellows with the scurvy, but who was now to all appearance in high health and spirits. What agency had wrought this marvelous recovery? According to the Indian it was a certain evergreen called by him, ameda,† a decoction of the leaves of which was sovereign against the disease . . . The sick men drank . . . so copiously that in six days they drank a tree [*sic*] as large as a French oak. Thus vigorously assailed the distemper relaxed its hold and health and hope began to revisit the helpless company."[4]

Whatever motivated the Indians, they received the usual reward for their apparent beneficence. Cartier lured Donaconna and his chiefs into ambuscade where they were seized and hurried on board the ship. "Having accomplished this treachery, the voyagers proceeded to plant the emblem of Christianity."

Surgeon Liotot, whether he did or did not accompany the earlier expeditions, figured tragically in that of 1687 in Louisiana and apropos pioneer experiences pertinent to this history, it may be said that he was as handy with an axe as any Michigan woodsman by whom the injunction "Spare that tree" has in diplomatic understanding been accepted "in principle" only. He also approved of the death penalty for misappropriation of provisions.

Joutel, "Commander" on the last expedition records that LaSalle had "on a former occasion hid some Indian wheat and beans two or three leagues from that place and our Provisions beginning to fall short it was thought fit to go to that place. Accordingly, he ordered the Sieurs Duhaut, Hiens, Liotot the surgeon, his own Indian and his footman whose name was Saget, who were followed by some natives, to go to the place described to them where they found all rotten and quite spoilt. The 16th (March, 1687) they met with two bullocks which Monsieur de la Sale's Indian killed, whereupon they sent back his Footman to give him notice of what they had kill'd that if he would have the Flesh dry'd he might send Horses for it. The 17th, Monsieur de la Sale had the horses taken up and order'd the Sieurs Moranget (LaSalle's nephew) and de Male and his Footman to go for that Meat and send back a Horse Load immediately till the rest was dry'd.

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†Spruce or arbor vitæ.

"Monsieur Moranget when he came thither found that they had smoak'd both the Beeves tho' they were not dry enough and the said Sieurs Liotot, Hiens, Duhaut and the rest had laid aside the Marrow bones and others to roast them and eat the flesh that remained on them as was usual to do. The Sieur Moranget found fault with it, he in a passion seiz'd not only the Flesh, that was smoak'd and dry'd but also the Bones without giving them any Thing; but on the contrary threatening they should not eat so much of it as they had imagin'd and that he would manage that Flesh after another Manner.

"This passionate Behavior so much out of Season and contrary to Reason and Custom touched the Surgeon Liotot, Hiens and Duhaut to the Quick they having other causes of complaint against Moranget. They withdrew and resolv'd together upon a bloody Revenge, they agreed upon the Manner of it and concluded they would murder the Sieur Moranget, Monsieur de la Sale's Footman and his Indian, because he was very faithful to him. They waited until Night when those Unfortunate creatures had supp'd and were asleep. Liotot, the Surgeon, was the inhuman executioner, he took an Axe began by the Sieur Moranget, giving him many Strokes on the Head; the same he did to the Footman, and the Indian, killing them on the spot whilst his Fellow Villains viz. Duhaut, Hiens, Teissier and Larcheveque stood upon their Guard with their arms to fire upon such as should make any resistance."

LaSalle appearing on the scene Duhaut shot him through the head and the assassins "all repair'd to the Place where the wretched dead Corps lay which they barbarously strip'd to the Shirt and vented their Malice in vile and opprobrious language. The Surgeon Liotot said several times in Scorn and Derision, 'There thou liest, Great Bassa, there thou liest.'"

To complete the story of seventeenth century surgery in the wilds;—on their wanderings two months later, owing to a dispute over certain property in their possession one Ruter "fired his piece upon Liotot the Surgeon and shot him through with three Balls. He lived some Hours after and had the good fortune to make his confession."[5]

The foregoing quotations are from "A Journal of the Last Voyage Perform'd by Monsr. de la Sale to the Gulph of Mexico To find out the

Mouth of the Mississippi River," By Monsieur Joutel A Commander of that Expedition. William L. Clements Library, Ann Arbor, Michigan.

In his journal under date of January 16, 1675, Father Marquette records, "as soon as the two Frenchmen knew that my illness prevented my going to them, the Surgeon came here with an Indian to bring us some whortle berries and bread. They are only eighteen leagues from here in a beautiful hunting ground for buffalo and deer and turkeys which are excellent there. They had, too, laid up provisions while awaiting us and had given the Indians to understand that the cabin belonged to the blackgown. And I may say that they said and did all that could be expected of them. The Surgeon having stopped here to attend to his duties, I sent Jacques with him to tell the Illinois who were near there that my illness prevented my going to see them and that if it continued I should scarcely be able to go there in the spring."[7]

M. M. Quaife, Ph.D., Secretary-Editor of the "Burton Historical Collection," has supplied an interesting legend connected with the foregoing episode which he regards well authenticated; that at the time he was stricken with this illness, Father Marquette was in the present Chicago region and that in a distant neighborhood among the Indians of Illinois a medical man was living. He and a companion were engaged in illicit commerce in furs. The French Government in monopolistic spirit reserved to itself all rights in this enterprise and had the doctor been apprehended he would have been subjected to severe punishment. Evidently he was a humane and worthy fur-bootlegger. He ministered faithfully to Father Marquette and repeated the visit.

It may possibly be that this, up to the present time nameless, adventurer was the original medical man in or near the Michigan locality. Whence he came or his route of travel to the western wilds no man yet knows but coming as he probably did from the St. Lawrence region, he would necessarily have journeyed either across Northern Indiana or Southern Michigan territory, or by the Great Lakes.

Came Cadillac in the closing years of the seventeenth century to Michilimackinac as Commandant of the Post and bearing commission from Louis le Grand Monarque. Doubtless there was flourish and much pomp and circumstance, and in his train was probably Surgeon Belisle or Surgeon Forestier or both. Reasonably certain it is that the former at least accompanied him when he strode into Detroit in the first year of the sanguinary eighteenth century.

In Michilimackinac, possessed as he was to exploit the copper-colored native commercially, Cadillac fell afoul of the missionaries who were alive to the fact that unrestricted traffic in ardent spirits was subversive of ecclesiastical discipline and the perpetuation of outward and visible forms of piety. Cadillac was of opinion, inasmuch as "fish and smoked meats constitute the principal food of the inhabitants" that "a drink of brandy after the repast seems necessary to cook the bilious meats and the crudities which they leave

CADILLAQUA, DETROIT'S BI-CENTENARY

Courtesy of the *Detroit Saturday Night* in the stomach." The missionaries were contrary-minded and De Carheil in true "Nation"al form "knocked in the heads of sundry barrels of brandy and spilled the precious fluid on the ground, which conduct resulted in a violent quarrel between him and Cadillac—an exceedingly irritating state of affairs."[6]

But this is afield. When he made triumphal entry into Detroit in 1701, which proceeding, thanks to Mr. Maybury and others, the awed citizenry of Michigan were permitted to visualize in pageantry two hundred years later, Surgeon Belisle was with him, likewise in all probability Forestier, either of whom was competent to prescribe whatever was necessary to neutralize the effect of autotoxic "crudities" remaining in his silken safe-guarded stomach. As to doings of these notables, a part that history reveals is recorded in another chapter, "Eighteenth Century Physicians."

Names of medical men, other than those mentioned, have not been discovered as in the entourage of adventurers and explorers, Michigan way. One Jacques Franchére came to New France early in the eighteenth century as ship surgeon but he seems to have failed to find his way to the marvelous middle west.

This then must close the chapter on our remote medical forebears who like more than one of their successors in practice "missed an opening." Effort has been most persistently and conscientiously made to immortalize, by incorporating here, names of the deserving but not even the incomparable Clements Library, so far as investigation reveals, has records of others. Therefore *Si quaeris medicos antiquos alios aliubi prospice.* A larger contingent of adventurous spirits among professional brethren of long ago would have saved a situation somewhat unsatisfactory to an amateur in historical research.

ADDENDA

Since the foregoing was published in the Journal of the Michigan State Medical Society, the writer has received through the courtesy of the Society, Volume I of the "History of Medical Practice in Illinois." In this work the belief is expressed that Surgeon Michel married Sara Mené in 1676 but was not deterred on this account from joining the LaSalle expedition; that he returned to Canada in advance of La Salle "where we might assume he practiced his profession until his death in 1691" but that "absolute proof is wanting that the physician mentioned in this work is identical with the Surgeon Michel"; that he treated LaSalle during a serious illness at Chickasaw Bluffs (Memphis); that he was for a time with LaSalle at Fort Crevecoeur, Illinois.[2]

Also, as to the "nameless adventurer," above mentioned who succored Father Marquette, Dr. Zeuch, compiler of this interesting history, has something to say. "Research has given us a clue," he writes, "which seems to establish beyond conjecture that this mysterious medical man was none other than Louis Moreau, a namesake of Pierre† the trader," but his relationship by blood is, evidently, not determined. He is said to have been born in St. George's Parish, La Rochelle, France, in 1649, and was a resident of Quebec in 1678.

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†*See* Chapter II, p. 65.

Dr. Zeuch's conjecture that Father Marquette refrained from mentioning the surgeon by name, through motives of gratitude, is completely in accord with my own.

As to the itinerary of the Sulpitian priests, quoted from Henry M. Utley in the first paragraph, Dr. J. W. Crane of London, Ontario, writes as follows:

"Regarding the Dollier and Gallineé trip along the north *vs.* the south shore of Lake Erie, I have before me 'An Historical Atlas of Canada' by L. J. Burpee (Nelson, Toronto) and on page 8, there is indicated the route of Dollier and Gallinée, 1669-1670, along the south shore of Lake Ontario, along the Grand River to Lake Erie, along the north shore of Lake Erie, etc."

And from Doctor James H. Coyne, member of the Historic Sites and Monuments Board of Canada, an interesting and completely convincing letter and monograph have been received that leave no room for doubt as to the Sulpitians' itinerary.

"Seneca guides conducted them from Montreal to the Genesee, and westward along the South Shore of Lake Ontario to the Niagara and Burlington Bay (the western tip of Lake Ontario—Hamilton locality). Portaging by way of the Beverly swamp, they at last struck the Grand River near Glen Morris."

"They proceeded to Lake Erie by way of the Grand River, which they were the first white men to explore."

"The Government of Canada on the advice of the above-mentioned Board has erected a memorial cairn with tablet and inscription where the party wintered in 1669-1670 . . . The cairn is a mile or more up Black Creek, the junction of which with the River Lynn constitutes the harbor of Port Dover."

They reached this point according to Gallinée's narrative after "three days canoeing westward from the mouth of Grand River" and chose the place for wintering because of the "beautiful situation and the abundance of game." He writes of it as "the earthly Paradise of Canada."

Their travels were to the last degree vicissitudinous and of 347 days' duration. Their "mission effort was a failure." At the Sault they found their more or less generous rivals securely entrenched *comme toujours* and prepared promptly to "go over the top" on the approach of a hostile Christian force. They had already established a mission to the Pottawatomies, the saving of whose souls had been the highly laudable ambition of these "Gentlemen of the Seminary."

But the Sulpitians engaged in at least one successful ecclesiastical enterprise. They beat their powerful rival to it in "cleaning up" on the idols. These, however, were not erected in the Detroit locality but, according to the narrative of one of the zealots, at Wyandotte. This leaves the record of the former place perfectly clear—at least up to the time of erection of the Jim Scott monument—of never having had any idols.

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Chapter IV

Eighteenth Century Michigan Physicians

The French Regime

"I make others to relate what I cannot so well express"

—MONTAIGNE

CHAPTER IV

Eighteenth Century Michigan Physicians

The French Regime

By C. B. Burr, M.D., Flint, Michigan

HISTORIOGRAPHERS, writing of this period, have said that Antoine Forestier came as surgeon with the Cadillac expedition of 1701 to Detroit and there practiced until 1716. This is apparently erroneous. Antoine Forestier according to the researches of Mr. Burton was a surgeon of Rodez, France, who came to Canada and was married in Montreal in 1670. His son Jean Baptiste Forestier the "seventh son" in a family of twelve children was destined by his father to the profession of medicine and is the Forestier associated with early Detroit.

Belisle

Precedence in time of coming to Detroit is given in the Burton manuscripts to Henry Belisle, who "seems to have been Detroit's first physician and surgeon." He is mentioned as sponsor, at the baptism in the Church of St. Anne, of Marguerite Roy, daughter of Pierre Roy and Marguerite Owabankikou, born in lawful wedlock, and as godfather "promises to answer for the religious training of the little half-breed."

"Denissen thinks that Dr. Belisle came to Detroit with the Cadillac party in 1701."[1] His father was a druggist in Angers, France. There he studied medicine. He was thrice married. His first wife and children were never in Detroit. His second wife, whom he married in Canada in 1705, had no children. They were "popular in the life of the fort as indicated from the church registers, being frequently at weddings and sponsors in baptism for both French and Indian children. In 1711 Dr. Belisle's name disappears from the Detroit records." He moved to Montreal in 1712.[1]

Mr. Burton writes in "Physicians of Old Detroit," "Perhaps the French word 'docteur' is properly used to designate a man who practiced physic, but the word more commonly employed was 'chireurgeon' or 'surgeon' and the word 'doctor' was used to designate a doctor of laws or of divinity or of the sciences."

The first chirurgeon mentioned in the old records is Henry Belisle. It is very probable that he came with Cadillac in 1701. The earliest records of the place were destroyed by fire in 1703, but we find mention of his name in the year 1704.

The Surgeon and the Master Armourer were paid at the expense of His Majesty during that period (1706 to 1709),[9] but in a letter, November 14, 1708, from Sr. D'Aigremont "denouncing Cadillac methods" appears the following:

"As the Superior of the Hospitallers of Montreal is in France, I believe he will have the honor of conversing with you, My Lord, as to the request which M. de La Mothe makes for some brothers of his community to take care of the sick in Detroit."[9]

On the same date, November 14, 1708, the Intendant "of justice, police and the finances," Raudot, writes from Quebec, "You were also good enough to write to them regarding the pay of the surgeon, the medicine chest, and the pay of the almoner and the missionary, that all that was the said Sr. de La Mothe's concern and that therefore His Majesty would not bear any expense of it."[9]

And in the same letter, "The Sr. Raudot very humbly thanks you for having graciously approved of the course he took as to the nomination of the Surgeon last year: he believed that he was acting rightly in that matter."[9]

Evidently Cadillac, and Belisle, who was surgeon of the post at that time, navigated in troubled waters, and it is small wonder that the name of the latter "disappears from the Detroit records" in 1711, and that he decamped for Montreal the following year.

The pay of the post surgeons from 1709 was apparently taken over by Cadillac, who claimed reimbursement, but as late as 1719 (November 14), Vaudreuil and Begon recommended that "the King should reimburse him for the expenses he has incurred for presents to the savages and for refreshments to sick soldiers. . . . But the expenses for the pay of the almoner, the interpreter and the surgeon should remain at the charge of the said Sr. de La Mothe."[9]

This controversy continued, therefore, during the Administration of Belisle, throughout that of Forestier, and up to the time of the first Chapoton.

Came next Forestier.

FORESTIER

"The name of Jean Baptiste Forestier appears on the records in October, 1713, though he might have been here at an earlier date as he probably came soon after Belisle left. There is record in a Church register in Detroit, made October 30, 1713, in which his name is mentioned as among those present. The following year he is designated in the records as surgeon and master surgeon. Like his predecessor he is godfather alike to French and Indian children until 1718 when he, too, disappears from Detroit records. In 1737 he married Louise Boucher of Boucherville, Lower Canada, and probably was living there."[1]

Dr. Jean Chapoton was a surgeon in the French army with the rank of Major and was ordered to Fort Pontchartrain to relieve Dr. Forestier.[4]

CHAPOTON

Jean Baptiste Chapoton was the successor to Forestier and appeared in 1719. In 1720 he married Madeline Esteve and became by her the father of twenty children.[1]

A tract of land assigned to Chapoton was exchanged for another more convenient that Chapoton "might be nearer the settlement in order to render his services as a physician more convenient."[1]

Among the "Lists of Lands Granted at Detroit" is "3 arpents by 40, July 1, 1734, to Jean Baptiste Chapoton, a surgeon in the French Army, born in 1684, sent to Detroit post about 1718, as surgeon; married in July, 1720, to Marie Madeleine Estene [Esteve?], aged 13, by whom he had twenty-two children. He retired from the army several years before the English conquest; died in November, 1760."[9]

Henry Belisle	1701-1711
Jean Baptiste Forestier	1713-1718
Jean Baptiste Chapoton	1719- ?

The latter died at the age of seventy-six, a few days after the surrender of Fort Detroit to the British in 1760. In his later years his son-in-law was appointed in his place. This was Gabriel Christoph Le Grand.

LE GRAND

Gabriel Le Grand married Dr. Chapoton's daughter in 1758. "The new garrison was wholly British and Le Grand's work was confined to the French civilians. He is better known in the history of Detroit as being the Justice of the Peace for several years."[1]

CHAPOTON (2D)

A son of Dr. Chapoton, Jean Baptiste (2d), born in 1721, was also a doctor and was the one who held an unsuccessful parley with Chief Pontiac just before the battle of Bloody Run.[4] He was one of Captain Dalzell's guides on that disastrous march in July, 1763.[4]

Dr. Edmund Chapoton of Detroit is descended from these earlier members of the family.[4]

"In the 'Jesuit Relations' (Vol. LXIX, p. 249), it is said that on June 13, 1742, Sieur Chapoton, Surgeon of this post, borrowed the sum of one hundred livres in raccoon and lynx skins promising to pay in similar peltries in May, 1743."[3]

It is these French physicians, therefore, to whom reference is made in the address of representatives of the Six Nations, assembled at Detroit at the time the garrison was taken over for the British in 1760 by Major Rogers; and it is altogether probable that Surgeon Le Grand was then immediately in charge.

The British expedition under Major Rogers taking over Detroit Fort from "Monsieur Belletre" were thus addressed by the Indians of three different nations, December 3, 1760:

> "Brethren, you have now taken possession of this country. While the French lived here they kept a Smith to mend our Guns and Hatchets and a Doctor to attend our People when sick. We expect you will do the same."

to which response was given:

> "Then we acquainted them by a string that as they had requested a Smith to mend their Guns and the Doctor to attend their sick that it was granted till the General's pleasure was known—a string."†

It is interesting to note that almost identical words were used by spokesmen for the Indians of the Ohio Valley to Céloron, commanding a French force in 1749. At this time, however, economic interests of the natives seemed to lie with "the turbulent English traders who were swarming over the Ohio Valley. For them the Indian had no particular affection, but they brought him an abundant supply of the goods on which his existence depended, and this solid economic tie resisted all the blandishments and threats the French could utter. Céloron quickly discovered the futility of his mission to hold the valley for France, and he even admitted the reasonableness of the native predilection for the English. On August 2, an Indian orator, replying to his harangue against the English, observed: 'Consider, my Father, our situation. If you compel the English to withdraw, who minister to our wants, and in particular the blacksmith who mends our guns and hatchets, we shall be without succor and exposed to the danger of dying of hunger and misery on the Beautiful River. Have pity on us, my Father; you cannot at present give us what we need. Let us have, during this winter, or at least until we go hunting, the blacksmith and someone who can help us. We promise you that in the spring the English shall retire.' No effective rejoinder could be made to this plain statement of fact. 'I confess, wrote Céloron in his official report, 'that [it] embarrassed me very much.' "[1] ("Pierre Joseph Céloron"—M. M. Quaife.)

Gabriel Christophe LeGrand (1752-1760)

Dr. LeGrand "was the most titled surgeon in Detroit's history. He was a knight and viscount, his mother was styled the Noble Lady and his father was a member of one of the highest military orders in France, Knight of the Royal and Military order of St. Louis."[1]

His first wife, Dr. Chapoton's daughter, died in 1763. He married again in Canada.

"In 1760 on the coming of the English with their own army, surgeon Le Grand is removed from professional duties but holds a sort of civil authority as Judge or Justice of the Peace. A document in the library written about 1768, that is endorsed as his writing, is evidently intended as information for the English on the former French method of taxation and the plans and promises of the earlier English Commandants. Mr. LeGrand reasons against furnishing material for repairing the Fort at Detroit at the expense of the inhabitants."[1]

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†Early Western Travels—(Thwaites. Vol. I, p. 115).

SEVENTEEN HUNDRED SIXTY TO EIGHTEEN HUNDRED FIFTEEN
A Medical Mélange, British-American

James Rogers was a Vermont Tory refugee whose brother Robert was the famous ranger leader of seven years' war fame. It was Robert Rogers who upon the surrender of Canada in 1760 had been sent West to receive the surrender of Detroit and the other French posts and to establish the authority of Great Britain in the upper country.[1]

With Major Rogers came Dr. George Anthon.

GEORGE CHRISTIAN ANTHON

Dr. Anthon had the massive, severe appearance of Luther. "In 1802 he was one of the thirteen Governors of New York Lying-in Hospital."

"He was a strong believer in the non-contagiousness of yellow fever."[3]

He "who gave to America its most celebrated classical scholar (Professor Charles Anthon) was detached with a party which under Major Rogers took possession of Detroit in 1760."[4] He was born August 25, 1734, at Salzungen in the Duchy of Saxe Meiningen. In 1750 he was graduated in Eisenach and in 1754 emigrated from Germany. In Amsterdam he passed a second medical examination and engaged as surgeon in the Dutch West India trade. On the second voyage he made in the *Vrouw Anna,* the vessel was captured by a British privateer and condemned. He was friendless and without means but his usefulness was recognized, for after serving as assistant surgeon in the General Military Hospital at Albany he was appointed assistant surgeon to the First Battalion Sixtieth Regiment Royal Americans and held a commission in 1761 as "Surgeon's Mate to His Majesty's Hospital in North America."

"Dr. Anthon was a surgeon at the fort of Detroit under Gen. Haldimand's tenure of military authority as early as 1764."[5] He continued at the post of Detroit as surgeon to the navy and army, to the Indians and the populace thereabout, until 1764 when with Gladwyn [Gladwin?] he returned to New York. During Pontiac's siege he is said to have climbed a pear tree and to have been fired upon by the Indians, whereupon Gladwin, fearing to lose him, made a sortie and saved his life.[9]

"In this pioneer settlement, Dr. Anthon went about his job of relieving suffering and combating the malaria which came from the undrained swamps, with true German thoroughness. Old-world trained, he met many new experiences in Detroit of 1760. Medical equipment was meagre, and methods direct; imaginary ills were discouraged by a not-too-gentle treatment. Although his major duty was to the garrison, his ministrations were also needed by the navy, the citizenry, and the Indians, whose superstitions much complicated medical aid."[2]

On November "ye 7th 1761" Dr. Anthon does himself the "honour" of writing from Fort Detroit to Col. Henry Bouquet at Fort Pitt that he is "without medicines as I have had no supply since I am here except the few particuls you was pleased to order from the general hospital last Spring, and who were almost spoiled coming over the Lake. Dr. Stevenson has promised to send me a supply but as his are not arrived it is impossible to expect any from him this winter. I was obliged to send as many as I could spare to the several posts which has my stok entirely exhausted and shall be very badly of as the season prouves much to sickness now likewise am daily troubled with the Indians to attend their sick beg also that you will be as good to order me these two things mentioned of enclosed."[9]

Captain Donald Campbell writes to Col. Henry Bouquet from Detroit, October 27, 1762, that "Doctor Anthony [Anthon] has declined purchasing Mr. Carre's ensigncy" and that "Sergt. Cope desires me to recommend him for a purchase."†

In declining the honour Dr. Anthon writes to Colonel Bouquet, October 27, 1762, "I confess I had a great inclination for it before knowing I was put on the Establishment of the Hospital, but now finding that it would be of no great advantage for me I take the Liberty to return you hearty thanks for your kind advice and am with great Respect."[9]

Was it perchance the ensigncy occupied by John Christie that Anthon escaped? Christie was, he writes, surrounded at his Post at Presqu' Isle by about two hundred Indians who fired on the Block House and threw fire arrows into its roof and the Bastions. They were told if they did not surrender they might expect no quarter, and surrendered. Christie, four soldiers and a woman were "brought to the Wiandote Town, the rest of my Garrison was taken by the other Nations. I was Delivered up to Detroit with one soldier and a woman they [*sic*] other two were killed."[9]

In a postscript Christie adds laconically, "All the Forts beyond this have met with the same Fate."

Be the above as it may, Anthon's later life was by no means untroubled. In 1765 he received an appointment as surgeon for the Indians and accompanied the famous Croghan to the Illinois country: was taken prisoner and led on foot from the mouth of the Wabash to an Indian village and, thence, to Detroit. In captivity he ate with avidity "the giblets and other refuse" which the Indians occasionally flung to him.

In 1767, after a period in New York, he returned to Detroit as Surgeon to the Indians and afterwards "surgeon of the Garrison and remained there until the close of the War of Independence."[9] (Extracts from narrative of his grandson.)

During this period the going was none too good, his services were frequently unappreciated, his applications ignored, his life many removes from that of the proverbial "beer and skittles." General Gage considerately, and in best traditional military spirit, writes September 10, 1772, as follows:

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†"Sergt. Cope and 15 Privates of R1 American Regt Sergt Fislinger & 42 of the Rangers wone woman and child were killed by a large Body of Indians at the mouth of Detroit River the 28th of May [1763] about eleven O'Clock at night."[9]

> Mr. Anthon's demand for taking care of the post of your Regt. at the Detroit is too high, if your surgeon makes him a reasonable allowance besides the Medicine Money the charge may be admitted in your Bill of Extraordinarys. And in case of extraordinary sickness amongst the troops the surgeon may supply him with a Proportion of Medicines which will be returned to him again from the Stores of the General at this Place [New York]. I can't deal with Mr. Anthon as a Garrison Surgeon.[9]

But in October, 1773, a letter was written by Major Bassett to General Haldimand which indicated that his stock of fame, if not of supplies, was going up. The Major speaks of him as a very worthy man and "really kind to the Indians" and says, should he leave, "a surgeon would be much wanted for this Garrison & I hardly imagine we shall ever be so fortunate as to get a gentleman so eminent in his profession."[9]

An unsigned letter evidently in reply to this was written from New York November 22, 1773:

> . . . Not long ago I answered to your application in his behalf that I would send up early in the Spring a supply of Medicine and from the strong commendation you give him I wish it was in my power to provide for him as he deserves but all I can do at present is to mention his case to General Gage who being in England may have in his power to obtain some settlement in his favor.[9]

On the fifth of January, 1780, Dr. Anthon writes[9] to Captain Brehm, Aide de Camp to His Excellency, General Haldimand, Quebec:

> Dear Sir:
>
> A few days after your departure from hence Captain Schauk Commissioner for the Lakes arrived here when I waited on him he informed me that he had his Excellency General Haldimand's instructions to oppoint [*sic*] me surgeon for the Naval Department here, at the same time desired me to give in my proposal which I did by desire to Capt. Lernoult, both for the Garrison & Navy & presented them to Captain Schauk who promised me to lay them before his Excellency at his arrival. Some time after I received His Excellency's commission appointing me Surgeon's mate to this Garrison; in the year 1761 I was appointed by Lord Amherst Surgeon's mate in His Majestys Hospital and it is very hard after 19 years service to be under the direction & be commanded by a Mate from the Genl Hospital who has got his appointment sometime before my last commission as would certainly have been the case had not Capt Lernoult & Major Depeyster settled it for the present. May I beg the favour of your Interest to get me an allowance for my attending the Naval Depart I had formerly a small sum subscribed by the Seamen for my trouble & Medicine which is now at an end since the new arrangement of the Navy has taken place.
>
> Mrs. Anthon & your acquaintance joyns with me in their respectful compliments to you & I am with respect
>
> Your most Obedt & most humble servant,
> GEO. ANTHON.

In 1779 Gen. Haldimand announces his intention to put "Mr. Antoine" surgeon at Detroit, "upon the Hospital establishment."[9]

Probably his commission, if he had any, was with commendable bureaucracy-accuracy thus made out. His grandson states that "the only commission which he appears to have held in the British Army, at least the only one in my possession, is dated Albany, June 25, 1761."[9]

And corroborating the age-old aphorism that "virtue is its own reward" it may be mentioned that "in May, 1780, Surgeon Robert McCausland at Niagara finds himself *obliged*† to make allowance for medicine to Mr.

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†Italics are the reviewer's.

Anthon of Detroit for a considerable part of the Kings Regt. stationed there."[9]

Comment upon Dr. Anthon's social position in Detroit by Hon. C. I. Walker is given by his grandson. "I have an old account book kept here in 1780 in which are charged the usual articles of family wear and consumption; and among other items indicating a fair income is a cask of madeira wine at Forty shillings a gallon. He was at the same time credited eighty-four pounds for medical services among the Indians." His grandson writes that he restricted himself to one glass of wine weekly but was "addicted to snuff which he indulged in profusely when occupied with serious cases of illness." (As a prophylactic against nasal infection he might have done worse. C. B. B.)

Dr. Anthon was one of the signers to the contract of marriage between Monsieur Jean Baptiste Cicot and M'elle Angelique Poupart La Fleur, July 27, 1770, in Detroit. Marriage was a serious business in those days. "Divorces were unknown" and the marriage contract was "signed by both parties and their relatives and friends."[6]

Dr. Anthon was twice married. By his second wife, Geneviève Jodot, who was born at Detroit May 20, 1763, a few days only after the commencement of Pontiac's siege, and who was the orphan niece of his first wife, he had three sons, who attained high distinction. Geneviève Jodot "was early left an orphan, and was subsequently adopted by the St. Martins to be brought up as a member of the family. Although she was only ten years old at the time of her aunt's death in 1773, small Geneviève occupied an important niche in the Anthon household and a very warm corner in the heart of her German uncle, for just five years later, when, it is said, the young lady could hardly be separated from her dolls, Governor Henry Hamilton, the commandant of Detroit, united her in marriage with Dr. Anthon. Her grandson, Charles Edward Anthon, wrote of her: 'She is remembered as in person a decided brunette, of medium stature and a frame inclined to thinness, with bright black eyes, and jet-black hair never tinged with gray. . . . It does not appear, however, that she was particularly remarkable for beauty any more than for extraordinary mental endowments.' She was only fifteen and Anthon was forty-four when they were married, July 18, 1778, but the great difference in age does not seem to have affected their happiness. Four children were born in Detroit before the family left its military life and removed to New York in 1786; and eight more in New York before 1805."[2]

In 1786 he moved to New York and lived there at No. 11 Broad Street, until his death in 1815.

He wrote a quaint letter in 1787 from New York telling of inoculation of the "familie" for smallpox. "Mrs. Anton and the second Boy had them exceedingly favorable but the aeltest boy the little Girl and my Panie Whench [a Pawnee slave-woman] had them very severe whoever they got all safe over it and are not disfigured."[9]

He writes in 1787, "I hired at my Arrival a House in Wall Street at an Extravagant Rent, for £70: besides the Taxes to the 1 May, & glad to get it, as Houses were difficult to be got at that time; but now I have hired one near Oswego Market in Dye [Dey] Street for less than half that sum, and a much pleasanter situation. I have been this Winter to see a Farm for sale, near New Rochelle, it contains 350 Acres with a very good House & several other Buildings, but the Demand is £4400 and will require about £1000 or 1200 to put it in proper Order, besides there is no School for my Children & I believe very indifferent Society. I am there fore determined to remain for some time in the City, untill some more convenient place may offer."[2]

He was evidently popular; the ladies were solicitous for his welfare. While negotiations for American occupation after the treaty of 1782 were in progress, a party from Fort Niagara, among them the wife of Lieut. Pool England, visited Detroit which was still in possession of the English. They were very much impressed by the scenery and the shops.

"Stay Pool," she exclaimed, "Here's Macomb's. Let's go in and see the latest goods. I want to see them now. Such lovely satin petticoats and long silk hose. See, there's some black silk breeches with silver buckles at the knee. Just the thing for Dr. Anthon."[9]

"The Indians in their constant association with the whites, were drawn into friendly relations and occasionally rewarded the latter by gifts of strips of land or farms, from the district owned or claimed by them. One of the earliest of these gifts was made by Chief Pontiac to Dr. George Christian Anthon, the father of the renowned lexicographer, Charles Anthon. The consideration expressed in the deed of gift is the esteem and friendship which Pontiac had for the doctor, and it is supposed that the doctor, who was the surgeon at the fort, had rendered important services to the Indian chief for which no other adequate compensation could be made."[9] (C. M. Burton.)

Dr. Anthon was succeeded by Mr. Menzies.

Mr. Menzies, Surgeon of the 84th Regiment

"He was associated with Dr. Anthon for a time as surgeon of the Naval Department. Their respective duties were regulated from headquarters at Quebec. Dr. Anthon was to have the care of the garrison and Dr. Menzies had charge of every part of the Naval Department with instructions to go on board any of the vessels on the Lake when so ordered and during his absence the Commanding Officer might appoint a surgeon to do his duty who was to have extra pay. There is occasional mention of other doctors in the account book, a Dr. Chastelain in the Macomb accounts, and a Dr. Styles in the accounts of Thomas Williams.

"Both Dr. Anthon and Dr. Menzies seemed to have received about one hundred pounds Halifax currency a year. In the account books of the Macomb Bros. he [Dr. Menzies] is charged with various personal items, among them his 'share of wine for mess eleven pounds and a gallon of lime juice at one pound twelve shillings.' "[1]

> William Barr to General Frederick Haldimand
>
> Three Rivers, 13th April, 1781.
>
> Sir:
>
> The season now approaches for sending an Hospital Mate to relieve Mr. Menzies surgeon of the 84th Regiment at Detroit.
>
> But the present weak or rather dispersed situation of the mates of the Hospital makes it difficult to find a General Hospital at St. Johns or to order Mr. Blake surgeon of the Garrison at Montreal to do the little duty at that place.
>
> I have been informed that there is a good young man of the name of Stiles surgeon's mate to the 34th Regiment but perhaps the corps may be unwilling to part with him.[9]

Neither Blake nor Stiles, nor Mitchell whom he also recommended, succeeded Mr. Menzies, but Mr. Harffy did.

"In his review of life incidents as dictated to his son, Dr. Anthon said that Dr. Harffy had succeeded him in garrison duty in 1786, so it seems likely that Dr. Harffy had charge of the Naval Department for a few years only."[1]

Dr. William Harffy

Harpfy (as it was sometimes written) was ordered in the letter already quoted "to embark by the first opportunity for Detroit to relieve Mr. Menzies, Surgeon of the 84th Regiment."[1]

"Some men are remembered for daring exploits, some for their inventions, and others for the great fortunes they amass. To none of these classes did William Harffy, surgeon in His Majesty's service, belong. Rather, like Abou Ben Adhem, he was one that loved his fellowmen. Between Harffy and John Askin, one of Detroit's foremost merchants, were exchanged many letters, some of which are preserved in the Burton Historical Collection, and from them we get a picture of a delightfully whimsical personality, crochety and quick of temper, but lovable withal, and a loyal friend.

"Of Harffy's origin we know nothing. In 1781 he was serving as hospital mate at Three Rivers in Lower Canada, and had requested an appointment in the 53rd Regiment. This, however, was denied him, and he came to Detroit in April, 1781, to relieve Dr. Menzies, attached to the 84th Regiment, and here he remained until the American occupation in 1796. Upon Dr. Anthon's departure for New York on August 4, 1786, Harffy was made surgeon of the garrison.

"Who Mrs. Harffy was or whether she accompanied her husband to Detroit in 1781, we do not know. However, in the log book of the *Gage,* Alexander Harrow captain, for June 12, 1786, is the record, 'In the evening some officers with Mrs. Harffy & daughters arrived with accounts of the Senecas coming to Niagara.' As late as February, 1797, items appear on a bill rendered by Askin which indicate that Mrs. Harffy was making purchases for herself and daughters. That the Doctor was unhappily married and separated from his wife is shown in a letter to Askin in December, 1799. '. . . Since my Confinement, I have had some very pleasing Acct^{s}

put in My hands—nothing less than one Draft on me from M^{rs} Harffy for £40. Sterling—another for £20—a very pretty moderate sum—however I hope to be able to get y^{e} better of it by the Express.' One wonders what, if any, arrangements had been made for her support, since the Doctor seems to imply both surprise and ire at being called upon for money."[2]

Dr. Harffy was the supposedly "happy" possessor of a harpsichord which he conveyed with him to Malden when the exodus took place in 1796. He is said to have been "eccentric" but whether eccentricity may logically be inferred from his correspondence in reference to the harpsichord is perhaps open to doubt. "Curse the music," he writes, "I wish it was sold. I care not for what, as all my wants and wishes to attain are not worth the pains or troubles to my friends. You will favor me if it could be in any way disposed of."

Eventually it was wished on Commodore Grant and surreptitiously placed in his boat to be conveyed across the river. It bade fair to impair a long existing friendship. "I really am sorry that the harpsichord was put in Mr. Grant's boat for he talks about it—God how he talks about it."[6]

He remained on duty at the Detroit garrison until the surrender to the Americans in 1796, then built a home at "Fort Malden" and served the British garrison at that place until his death in 1802. He seems to have been an exceedingly human being; it gave him great satisfaction to sleep under his own roof and to have a flower garden. He "believed the home would remain unless Necessity brought it to the hammer." In response to a memorial, he received from the British government an increased allowance of 2/6 per day. With it came an appreciative letter from Prince George, afterward George IV. This pleased him greatly and writing to a friend he said in reference to it, "I think I now see you smile at the poor doctor. Smile on. It is the smile of a well-tried friendship that I know." Mr. Burton writes, "Never in any of these letters do we find expression of ill-will. There is humor and a pathetic resignation to the events of life." He was fond of reading but his "musick" [the harpsichord?] was his great delight. He doubtless also played the flute.[1]

"Askin lent a willing ear and rejoiced in his friend's good fortune. 'Harffy with all his faults I would be sorry to Loose him. I can readily look over the errors of my old acquaintances as I hope they do mine.' Two years later, in 1802, the Doctor had another attack of the fever. 'Poor Doctor Harffy our District Judge [no document has been found indicating when Harffy assumed this office] has been so unwell for these two sessions past that he could not attend & I'm very fearful never will. I assure [you] I think it very injurious to a country to have but one district judge. why not several as they get no salary. On this side [Detroit] there is seven or eight judges of the Court of Common Please by which means business goes on without any interruption . . . if the old mode should be continued and we loose poor Harffy, I wish you mentioned to the Governor to be carefull of his choice of one in this quarter . . . some I find too haughty & Passionate others not so fair characters as I could wish, others ignorant and many would be too much interested in most cases that could come before them. there is less risk in a number than in one.' Ten days later the good Doctor was dead."[2]

Russell in "The Germanic Influence in the Making of Michigan," writes that Dr. Harffy was of German origin.

"Mr. Ralph Booth has presented to the Detroit Historical Society Museum an interesting personal memorial of Dr. Harffy, in the form of a beautiful silver-mounted powderhorn. A silver band which encircles the lower end of the horn bears the name 'Tayadenega'; while around the base runs the inscription, 'The gift of W. Harffy Esq^{r} Detroit Oct^{r} 19th 1789.' 'Tayadenega' was the renowned Mohawk chieftain, better known by his English name, Joseph Brant. Aside from its interest as a relic of Joseph Brant and of the Detroit which now exists only in memory, the horn affords interesting testimony to the range of Dr. Harffy's friendships."[2]

I have been shown a family record in the possession of Mr. Harry Wigle of Flint, in which it is stated that John Jones was in 1777 or thereabouts, in captivity of the Indians; that he escaped, made his way to Detroit and "studied medicine with one Dr. Harvey." It is reasonable to assume that "one Dr. Harvey" is no other than our friend of the harpsichord, but whether John Jones completed medical study and what became of him doth not appear.

"Be so good as to let me know," writes Lieutenant-Colonel England to Lieutenant Selby from Detroit April 10, 1795, "if you imagine Surgeon Durham can be dispensed with at the time the Gun Boat is ready to sail, which I hope will on Tuesday or at farthest on Wednesday next. Notwithstanding Surgeon Wright's impatience and the anxiety of Mrs. Wright's Family and Friends I would not wish to deprive Mr. McKee of his assistance, if I could with any propriety avoid it."[9]

Thomas Wright

Dr. Wright was in Detroit at approximately this time but was stationed in the village and not the garrison. He married Therese Grant, who was born February 13, 1776. He and his wife and three children died of yellow fever while on a voyage from Jamaica to New York.[9] ("History of the Grants of Glen-Morriston"—P. J. Anderson, 1903.)

John McBeath

Dr. McBeath was in Detroit before the Fort was built. He accompanied Governor Hamilton on his ill-fated expedition to Vincennes, where he was captured by George Rogers Clark. This capture turned out to be one of the most important events of the Revolutionary War and by reason of it the United States claimed and obtained the entire Northwest Territory as a possession of the new government.

Came to Detroit on or before 1796 Dr. Herman Von Eberts.

HERMAN MELCHOIR VON EBERTS

Dr. Von Eberts purchased from one McDougall, that year, the office of sheriff held by appointment from Winthrop Sargent. Later he became High Sheriff.

Like many others of that early date, he was chronically "hard up" and was occasionally a defendant in the courts; was once arrested on a capias and "applied for the privilege of jail limits." This practically freed him. He was permitted to go 200 feet from the jail in any direction and as the village was very small he found himself able to visit every house in town.[1]

He seemed eventually, however, to have had a domicile to rent. "Detroit was still in the act of rising from her ashes [in 1806] but a house was secured from Dr. Eberts and although it stood on the 'main street' of Detroit the ensuing winter was filled with Indian alarms."[1]

"The first sheriff of Wayne county proper was George McDougall. McDougall, for some reason, concluded he would not act as sheriff and proceeded to assign his office to Herman Eberts. Eberts gave McDougall a bond for his faithful performance of the duties that would devolve upon McDougall as sheriff (or high sheriff, as it was called). The bond is on record in the register's office in book I, on page 12, and is dated December 23, 1796. In the bond McDougall is several times referred to as sheriff. Eberts did not become sheriff until a later period, for in a bond made by him March 1, 1797, he styles himself as 'acting high sheriff,' which he would not have done had he received the appointment."[7]

In Russell's "Germanic Influence in the Making of Michigan" it is stated (Page 49) that Eberts had been in the settlement since 1791; that he came to America with the Hanau Regiment, in which was also Michael Koester, the grandfather of General Custer.[7] He married in Quebec the daughter of a French Army Officer but they did not get on well together and she eventually betook herself to a nunnery in Montreal.

His coming to Michigan was motivated by "trouble over an unauthorized autopsy on a young woman who died of a mysterious disease, which he and two of his fellow practitioners wanted to investigate. Arriving in Detroit he found it expedient, perhaps on this account, to change his name from Von Ebertz to Eberts."[5]

As sheriff he wore a "billy cock hat, breeches and hose, a brocade vest and a velvet coat, the whole outfit backed up by a highly decorated sword."[5]

"On March 24, 1802, seventeen delinquents were fined for violation of the fire ordinance [Detroit]." Dr. Herman Eberts who was high sheriff of Wayne County under American rule and had been since 1796 was another of the delinquents. He was an Austrian Count and a surgeon by profession and came to America during the Revolution with a Hessian regiment. He resigned shortly after arriving and settled in Quebec; but afterward came to Detroit where he engaged in mercantile business and also practiced his profession.[7]

He was a member of the first lodge of Masons in Detroit, chartered in 1803, and was a "learned botanist."

It would be a source of keenest pleasure for the reviewer to record the name of a certain physician of this period who did something really worth while. But frank appreciation, then as now, was evidently reserved for those engaged in transportation and warfare, for bureaucrats in easy chairs and for politicians. The following nameless one, contributing mere "service" to the cause of righteousness and the public weal, has long ago doubtless received reward elsewhere in lieu of publicity here below.

Among the "subscription of Residents of Michilimackinac" July 25, 1778, "whereof the collection shall be for the maintenance of the Missionary who shall be sent to said Post" is found:

"The Doctor at Michilimackinac undertakes to furnish the necessary attention and remedies gratis."[9]

It was not then the habit to post on a blackboard, subscriptions of this character during "drives," in which luncheon-club "teams" were active. Hence, his name may as well be "Dennis" for lack of another.

WILLIAM McCOSKRY

The following is the oath of allegiance[9] of William McCoskrey [*sic*], the first of the American Garrison Doctors in Michigan:

> I do hereby certify that William McCoskrey of the Burrough of Carlisle Hath voluntarily taken and subscribed the oath of Allegiance and Fidelity, as directed by an Act of General Assembly of Pennsylvania, passed the 29th day of March, 1787—
>
> Witness my hand and seal the 14th day of October, A. D., 1788.
>
> JOHN AGNEW.

Dr. William McCoskry was a son of Samuel McCoskry who settled near Carlisle, Pa., about the year 1760. He was surgeon's mate in the same regiment as his brother, also a physician and surgeon.

"Upon the formation of the legionary army under General Anthony Wayne in 1792, William McCoskry was appointed surgeon-mate in the second sub-legion, and followed the army in its slow progress of more than two years down the Ohio River and across the country to the Miami [Maumee] River, where, on August 20, 1794, the battle of Fallen Timbers was fought, and the Indians, for the first time, so badly defeated, that they were willing to recognize the power of the government of the United States. The Treaty of Greenville was signed the following year, and a year later, 1796, McCoskry accompanied Wayne and the army to Detroit, where he remained a surgeon in the army for some time. He resigned his position as surgeon in 1803, and took up the practice of medicine on his private account. He married Felicite Chamberlain, September 21, 1814. They lived in a house on the corner of Woodbridge and Randolph Streets, opposite the steamboat or Woodworth's Tavern, then the best part of the City of Detroit, and here he died on May 16, 1831, leaving his wife, Felicite, one daughter, Caroline, and a son, Alfred."[9] (C. M. Burton.)

He is ordered in August 1807 to "attend at May's stone house."[9]

His account books and prescriptions were carefully written in his own hand. In 1815 he substitutes the decimal system for pounds, shillings and pence. He favored inoculation and his accounts indicate preparation for smallpox in 1817. The last entry in his account book is in 1831. He married Felicity LeVasseur, a French lady of refined mind and amiable disposition.[1]

There is evidence of the presence as usual, at the doctor's door, of a predatory animal. His brother "begs William not to draw for money for some time."[1]

April 27, 1808, Dr. Samuel A. McCoskry of Carlisle, Pa., writes to his brother, Dr. William McCoskry, Detroit, of the confinement of his wife and her subsequent illness attended by pain in the right "Hip Joint," which was "so excruciating that she could not bear to have her position in bed changed for six days," of such "pain in the left side, Shoulder and Neck that we were obliged to keep her in a sitting posture two Days and Nights," of two attacks of tympanites in which her nurse, Nancy Hughes, manipulated "a Pewter Bason" in such fashion as to give her "two wounds." (Here asterisks are introduced that the sensitive reader may not be shocked by the description of what was evidently a bed sore on the buttocks. At all events it "turned to Mortification and a part of the Bone denuded.") Dr. Armstrong cared for her, and Nancy Hughes' services at "extravagant wages" were necessary during the Winter. There was also the expense of a "Wet Nurse and pay for her Child's keeping—My servants during six months has been upwards of Thirty Dlls per Month exclusive of the keeping which has been different from Mrs. McC not being able to superintend her Pantry."

Certainly the trouble justifies his request to William, "I must beg of you not to draw on me for money for some time. The Embargo has put almost a Total stop to the circulation of notes as well as specie."[9]

> Received Detroit 10 March 1809 of Dr. Wm. McCoskry Twelve Dollars 18¾ cents, it being the first payment on lots number 65, 64, 63 purchased on the 6th inst, the over plus of the payment (if any) to be allowed in the second payment according to a resolution of the board of Commissioners for the Town of Detroit.
>
> Wm. Scott,
> Marshal

From the above disbursement and the payment of an account, May 22, 1809, to James May, for butter, candles, wines, "Amount of your auction account" and "Amount of your Beef account" and for "board and lodging" running from March 1805 to May 26, 1809, of £137, s1, d6, New York currency, it is evident that relief from financial stringency came within the year following the brother's letter.[9]

In September 1805, Governor Hull directed that two regiments of infantry and a legionary corps be organized. Of the first regiment William McCroskey [McCoskry?] was made surgeon; of the second, Ethan Baldwin, surgeon, and Bernard Parker, surgeon's mate.[7]

Of those who are recommended as "persons entitled to donation lots in Detroit by a Committee" appointed to consider division of property after the great fire of 1805 there were four classes, "the fourth class consisting of persons not having families and not proprietors of lands or houses." In this class were included Dr. Wm. Brown and Dr. McCroskey (McCoskry).[9]

William Brown

Dr. Brown was a bachelor. He came to Detroit in 1798 at the age of twenty-five, and lived there until the close of his life in 1838. He was so popular that he made money faster than any Yankee in town—this doubtless from his practice—although his friendliness to the Indians was not recompensed as expected. He treated them for many years, supplying medicine, on the understanding that he was to receive in compensation a tract of land near the present site of the City of Toledo when they should dispose of it to the United States. Their claim to it based upon a misunderstood treaty was not recognized by the Government and the Doctor got no land. William Woodbridge then (in 1820) territorial delegate to Congress used his best endeavors in the Doctor's behalf and Detroit citizens were sympathetic, but he discovered that "the most he could do for the people he represented was to prevent palpable mischief."[1]

A twentieth century cynic commenting upon this would esteem Delegate Woodbridge extremely fortunate in the prophylactic accomplishment. Even this inadequate "handout" to the deserving would be gratefully appreciated by those dependent upon congressional appropriations held up by a filibustering minority of the Senate in session one hundred and seven years later. Unlike the Bourbons they can "forget" (the people) while never learning.

However, Dr. Brown was a "stockholder in the Bank of Michigan," which, let us hope, weathered later financial storms. He "was one of the sixteen men selected by the territory when it reached the grade of self government in 1823, from which number the President could choose eight to act as a legislative body, though he was not one of the eight."

This is probably the opulent physician of whom Friend Palmer writes in "Early Days in Detroit" who lost 550 pounds in the disastrous fire of 1805 which destroyed "Old Detroit." And very likely it is he who later lived in a picket-fenced enclosure where the Russell House (Bank) now stands.[4]

In August, 1807, Dr. William Brown of Detroit is ordered to attend "at the Council house where the wounded will be sent." This was part of general directions to "the Militia of this Territory [to] hold themselves in readiness for the public defense at a moments warning." He was "active in ransoming prisoners" after the disastrous battle and massacre of the River Raisin, 1813.[7]

In December, 1807, he was appointed "Surgeon to the detachment under the command of Major Whipple and will be respected accordingly."[9]

It is gratifying to know that Dr. Brown was one of the "proprietors in the Old Town of Detroit" and was able to sign a memorial of protest against sales of the "Detroit Commons."[9]

He with Dr. Stephen C. Henry signed an address to Judge Woodward, protesting against his "determination of leaving the country."[9]

In 1813 he, with others, signed a series of resolutions addressed to the British Commander Proctor, asking revocation of an order the latter had made that they "should depart from and leave the said territory."[9]

He was member of the Legislative Council from Wayne County in 1828-1829 and 1830-1831; was trustee of the Corporation of Detroit in 1805, County Commissioner in 1820, and Trustee of the University in 1821.[8]

Stephen Chambers Henry

Dr. Henry was a native of Lancaster, Pennsylvania. He came to Detroit in 1810 (1811?) and was a well known and prominent physician; was distinguished as a surgical operator, says Burton, one of his successful operations being the second of the kind in America, the tying of the subclavian artery to reduce an aneurism in the neck. He is the one evidently to whom Friend Palmer refers as a "nephew of the celebrated explorer and Indian trader, Alexander Henry," but this is apparently an error. He was twice married. He died August 12, 1834, of cholera at the age of 49 years, leaving a widow Charlotte F. Henry, "and two sons William Aubrey Henry and David Farrand Henry." This is from Burton and seems sufficiently specific as to names, but Friend Palmer writing apparently of the same person mentions a son and a daughter by his first wife.

It would be more than regrettable to place the parenthood of children such as these incorrectly. They were, writes Palmer, "exceedingly well behaved, so much so that they attracted the attention of the dwellers in that vicinity."[4]

Happy father with whom the revolt of youth was not a pressing problem! It is hoped that there is no implication to be read into the narrative that neighboring households did not equally exemplify disciplinary values.

Dr. Henry was six feet, two inches in height "but so well proportioned that this was not noticed." He wore black cloth garments, tall hat and ruffled shirt.

Dr. Henry resigned the office of Captain in the Militia, May 24, 1824. He aided in organizing the Protestant Society, December 7, 1821. "One of the most pleasing sides of Henry's nature is shown in his letters to his young niece Anna Maria" writes Dr. Quaife in *Burton Historical Collection Leaflet* No. 5, "Detroit Biographies—James Henry."

"In September, 1810, Maria writes entreating her uncle's kindness and consideration for her brother, Stephen Chambers Henry, who was leaving Lancaster for Detroit at this time. For some reason his journey was prolonged, for James writes in February, 1811, that Stephen has not yet arrived. Just when he reached Detroit, we do not know, but a letter (undated) to Eliza (Maria's sister) notes that 'Chambers appears happy & contented which adds much to my satisfaction—I find in him a rational & pleasing companion and the society around us is not less sensible of his merit than I am —he is attentive to his Books and occasionally devotes some Hours to the belles.'

"Stephen Chambers Henry, John Joseph's eldest son, was born in Harrisburg, January 14, 1786. In 1809 he received an M.D. degree from the University of Pennsylvania. He was an army surgeon in the War of 1812; and was made a prisoner at Hull's surrender of Detroit. He married (first) Ann, daughter of William Forsyth, Jr., and they had three children. After her death he married (second) Charlotte Pamela, daughter of Judge Daniel Farrand of Vermont. Their one child, Daniel Farrand, was a consulting engineer in Detroit, a member of the first class of the Sheffield Scientific School of Yale University."

Writes Col. John Anderson to Governor Hull from River Raisin, 9th October, 1809:

"The 2nd Regt has no Surgeon for these two years past and as their [*sic*] is no hops [*sic*] of Baldwin's returning, I wish you would appoint Peter Jeremy Austin a young man who has been here about ten months past, he is from Vermont, and I think a good Doct^{r}, please Send out his commission by next Mail."[9]

Was this Ethan Baldwin, and why did he not return? are burning questions; likewise, who was the physician with Mrs. Schoolcraft's brother, concerning whom the latter writes to her from Point au Pin, July 30, 1833?

"One of our men had been shot—he was unable to walk *and we attributed it more to fear than the severity of his wounds.*"† "He had received five large buckshot, one passed through his leg above the knee; the others lodged in different parts of his body. We had a Physician, who composed one of our party; He extracted four but one had lodged so deep in his shoulder that it could not be got at, without giving a great deal of pain to the man; it will not, however, be of serious injury to him, for the Physician says that he will still be able to perform his duties."[9]

The bright lexicon of the trader physician was not lacking in at least some synonym for optimism.

DAVID MITCHELL (1780-1815) AND HIS SUBTLE RED-SKIN SPOUSE

Fort St. Joseph stands on the Island of St. Joseph within the detour communicating the Head of Lake Huron with Lake Superior. 'It can only be considered as a Post of Assemblage for friendly Indians and in some degree a protection for the North West Fur trade. The Garrison at St. Joseph consists of a small detachment from the Royal Artillery and one Company of Veterans.[9] (Letter of May 1812 Sir George Prevost to the Earl of Liverpool.)

Dr. David Mitchell, a surgeon at the British garrison Michilimackinac, had evidently been ordered away with his regiment, but because "it would be very detrimental to my interest" offers his resignation to Major DePeyster, December 25, 1780.[9] (Query—"In Christmas spirit?")

To this Major DePeyster agreed, in a letter written from Detroit March 17, 1781, "provided the Commander in Chief has no objection."[9]

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†Italics are mine. C. B. B.

And to this General Haldimand replies from Quebec April 20, 1781, that "the Times are very unfavorable to complyance with Mr. Mitchell's request Surgeons being at present much divided and difficult to be procured."

"However if the King's Regt. should be relieved I shall endeavor to fall upon means to prevent his leaving Michilimackinac should he persevere in his intention."[9]

This cryptic communication followed a recommendation from Wm. Barr that he "one Mitchell, mate to the 8th Regiment at Michilimackinac who I believe is a good man" be appointed to succeed Mr. Menzies at the Detroit Post "if he could be spared." As will be seen elsewhere he failed, evidently being "born to trouble as the sparks to fly upward."

Dr. Mitchell's wife was a Chippewa Indian and at the time of the transfer of the post following the war of 1812 the Doctor, a British subject and sympathizer, was among others invited to sojourn at St. Joseph (now Manitoulin) Island. Mrs. Mitchell remained in Michilimackinac to care for their fine house and garden and to continue her occupation as trader in various commodities including pre-amendment beverages. She is said to have shown ability as a trader. Dr. Mitchell displayed ability in other lines as the following correspondence indicates.

> Dealings with the Indians—Advertizement posted on the Church door.[9] (Copies of papers on File in the Dominion Archives at Ottawa.)
>
> September 9th 1815
>
> Indian Agency,
> Michilimackinac.
>
> Whereas a certain Elizth. Mitchell under a pretense of trading with the savages is and for many years has been, as it has been represented to me, in the habit of holding her private councils with those unfortunate deluded People and of advising with and persuading them to the adoption of measures injurious to their real interests and that of the American Government.
>
> I therefore feel it to be my duty hereby to forbid the said Elizabeth Mitchell to hold further intercourse with the Indians that may visit this Island either directly or indirectly until further orders from the American Government.
>
> WM. HENRY PUTHUFF,
> Indian Affairs Mackina.

Remarks by Dr. Mitchell: "It is only necessary to observe on this Advertisement that prior to the agents arrival at Mackina Mrs. Mitchell is only responsible to the British Government for what advice she may have given the Indians as the country previous to his arrival was under the British Government. After his arrival he had no right to enquire into the Management of Indian Affairs and I defy him and all his *Satellites* to prove that Mrs. Mitchell ever gave the Indians advice prejudicial to their interests or that of the American Government.

"During the war she was extremely active in encouraging the Indians to defend their country and it is well known that her exertions among them had a very considerable effect which I presume is the sole cause that she has been insulted or robbed and plundered and obliged to abandon her home and property."

Indian Department
Michilimackinac.
September 9th, 1815.

Sir:—

Your visit to this Island at this time without any apparent business, your connection here and the character of that connection your sauntering about the village mixing with the savages who visit this part, conversing secretly with them and many other circumstances attending your conduct and general deportment since my arrival induces the opinion here that your conduct and general deportment, is not, nor has been such as to meet the views of either the British or American Government. You are therefore hereby forbidden to hold conversation either public or private with any Indian or Indians who are now or may hereafter arrive on the Island.

Wm. Henry Puthuff
Agent Indian Affairs Michilimackinac.

To:
Ensign George Mitchell,
Canadian Regiment.

Remarks by Dr. Mitchell: "In answer to this precious document it is only necessary to observe that the young man cannot speak a word of the Indian language that he has been absent from his family twelve years, but the true reason for the rascally treatment that he received was that he wears a Red Coat."

Michilimackinac,
5th October, 1815.

Madam:

In direct violation of my notice to you forbidding your interference with the Indians within the American limits by holding private Councils with and misrepresenting the conduct and intentions of the American Government and people to them you have as I have been informed combined with Illegal Improper Unjust False and Malicious Practice. You have sent your Emissaries amongst them particularly of the *Grand Traverse* inviting them to meet you here in Council. I have good reason for believing you have further interfered in the intercepting dispatches from my Agents within the Indian country for these and many other violations of the Laws of the United States and the intentions of the British and American Government in the honest and faithful observance of the Peace entered into by the late Treaty of Ghent I shall feel it my duty to apply to the Officer commanding the Post for a Military Escort provided by Law to be furnished for the purpose of conveying you to the Nearest Civil Tribunal having cognizance of such cases within the United States where you may be put upon trial.

The step however unpleasant to my *feelings* I shall feel myself bound to adopt should you not immediately on receipt of this notice cease to have further communication with any Indians within the American limits of a private or improper nature.

Wm. Henry Puthuff,
Ind. Affairs Mackinac.

To:
Mrs. Mitchell:

Remarks by Dr. Mitchell: "A tissue of falsehood throughout and cannot be proven in one single instance—besides the absolute stupidity of the Idea what advantage could accrue to Mrs. Mitchell from interfering in Indian affairs or stimulating them to mischief when she was well acquainted with the anxious wishes of the British Government to use every possible means to establish Peace between the Indians and Americans besides expending vast quantities of goods for the same purpose—Witness Capt. Andersons voyage to La Prairie des Chiens *expressly for the purpose of making Peace!* and that an Individual such as Mrs. M. should endeavor to prevent it, the Idea is too Stupid for any thinking being, at least any person possessed of Common Sense."

Michilimackinac.
5th October, 1815.

Sir:

In a conversation with you had a few days since in which I gave you permission to send Ardent Spirits among the Indians it was distinctly understood that your mother was to have no communication with them. She yet *remains in Trade here I will most* closely observe her, she has my order I will enforce it.

I am Sir Yours &c
William Henry Puthuff,
Agent Indn Affairs Michilimackinac.

Daniel Mitchell Esq.

Remarks by Dr. Mitchell: "One would naturally suppose that before proceeding to such extremes the parties would have been confronted and proof given of acting contrary to the Laws of the Country—No such thing, there is much more of true Liberty at Algiers than at present at Michilimackinac—the people at that place are doing everything to initiate [*sic*] the Indians—and when they have any difficulties with them they will be whining and bellowing cursing the Democrats that it is the British influence that causes the mischief when the truth is that it is owing to their own infamous conduct."

It will hardly be questioned that in the foregoing clash between bureaucrat and cynic, the Doctor has the best of it. The Major's prolixity indicates legal training, but of this there is no evidence in the hands of the present writer. As usual it was the ultimate consumer who was hurt. Mr. Greusel, the reviewer of the correspondence, writes that as "a result of the correspondence the license to sell spirits was annulled."

"Dr. Mitchell's wife in particular has been used with peculiar rancour . . . [her] Farm Garden &c . . . have suffered greatly from depredations which appear to be encouraged rather than checked. They have also taken from her a small Island adjoining, never purchased by the Americans but which was last year (with my concurrence) unanimously presented to her by her relatives the Chippewas in return for Kindness to them."[9] (Lieutenant-Colonel McDouall, from Drummond Island, September 24, 1815.)

It was kind of him to give "concurrence."

"The House . . . of Dr. Mitchells [has] been broken open and sustained much damage."[9] (Letter of Lieutenant-Colonel McDouall, October 2, 1815.)

The troubles of Doctor and Mrs. Mitchell came perilously near to causing an international tragedy and the degree of concern of Colonel McDouall indicates sympathetic solicitude. He writes "Mrs. Mitchell has I understand been prevented from putting out nets to fish in other instances treated with marked indignity and even meanly accused of being a spy of the British Government. As such a charge necessarily implicates myself I with that indignation which it deserves, pronounce it to be a most illiberal Calumny—The British Government are not accustomed to stoop to such practices."[9]

"Stooping," likewise perhaps snooping, must then be a later development

—a surprise to the reviewer who had supposed it was always in existence and merely perfected in "Victorian" times.

"It has been," Lieutenant-Colonel McDouall writes, October 4, 1815, to Major-General Robinson, "my study to conduct myself with that cautious circumspection which the situation of affairs so obviously required" and refers to the "precious specimen of American ingenuity in vamping up Charges to answer particular ends."

He rhapsodizes and italicizes—"*It is to me an enigma that I cannot solve that our Country the first in Wealth, in power, in arms—the mistress of the World; swaying the destinies of Europe that she has delivered; admired, honored, revered by her greatest Sovereigns, even by those*

'Whose boasted ancestry so high extends
That in the Pagan Gods their lineage ends'

that a country exalted to the utmost pinnacle of human greatness should make concession after consission [*sic*] *and with a caution and measured policy truckle to a nation of yesterday, of no character, to such a people.*"[9]

The reader may fancy if his imagination is sufficiently vivid, how the Colonel pranced and swore when he received from Citizen Puthoff this categorical denial of the charges:

"From Mrs. Mitchell I have just learnt, that no such attempt has been made to prevent her from fishing or 'Marked Indignity' or insult offered her person, and that no one has of her knowledge charged her with being 'a spy for the British Government'—She declares her willingness and wish to confront your informant, and to use her phraseology 'Give him the Lye.' "[9]

We are left in no doubt of the Colonel's estimate of Puthoff, of General Jackson, and others. The first "out-Herods Herod with his frantic violence with an equal mixture of impudence and falsehood." He charges that the "Command at Mackinac is in the hands of a most illiberal Democrat, who sanctions the persecution of every one connected with us," and in deploring the fate of the Indians under the new regime, refers with fine irony to the "kindly, compassionate Americans," who have with that pity which they have always vouchsafed to that most unfortunate people, "consistently selected the Lamb-like Jackson as the Almoner who is to dispense their bounty."

Illiberal Democrats will possibly read into this that New Orleans was at the period of the Colonel's writing, a vivid and painful memory, and one not mitigated by the realization—a later discovery—of the relative density of hemic and hydric fluids.

"I fear I have harp'd upon this subject until all are tired of it," writes the Colonel. Such is also the fear of the compiler of this correspondence but the comment cannot be withheld *en passant*, that to one as bright and evidently versatile as was Dr. Mitchell, compensation for services was quite inadequate. In the Haldimand Manuscript there is an account as follows:[9]

"Dr. Mitchell To Salary as Surgeon to the Indian Department at this Post [Michilimackinac] from 7th June to the 30th of Sept both days inclusive at 4 shillings New York Currency per day £23—4."

Surgeon John McBeath, in His Majesty's Service under Lieutenant Governor Henry Hamilton at Detroit, was more liberally rewarded, having been paid "£387 16s for services from September 15, 1778 to December 24, 1780 831 days."[9]

A different angle on the Mitchell affair is revealed in a "History of the Upper Peninsula—The Western Historical Company 1883," Page 362. It seems that Major Puthuff was in continual quarrel with the agent of John J. Astor, Ramsey Crooks, also that "Eliza Abeth Mitchell, who died February 26, 1827 . . . was the deserted wife of Surgeon David Mitchell, the man who traitorously betrayed the fort into the hands of Col. Roberts and his Indians of the British Army. He [Mitchell] had to fly to Canada on the conclusion of peace leaving his wife and family."

Was it "thus or thus, or so or so," and which happened—flight?—deportation? Did he desert his wife and traitorously betray the fort, or was this propaganda?

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Chapter V

Experiences of the Pioneer in which the Doctor Bulks Large

"This may be said to be a buying or borrowing and not a making or compiling of a book."

—MONTAIGNE.

CHAPTER V

Experiences of the Pioneer in Which the Doctor Bulks Large

By C. B. Burr, M.D., Flint, Michigan

WILLIAM HULL, selected by President Jefferson to be the first governor of the New Territory of Michigan, reached the eastern border of his dominion on the first day of July, 1805. As the little schooner that carried him and his fortunes made its way up the island-strewn river toward the century-old town of Detroit, the Governor's expectant gaze was greeted by the sight of a single row of low white farmhouses, with sharply pitched roofs pierced by small gable windows. About the houses were great pear trees raised from seeds brought from France by Cadillac's followers, and orchards of Lombardy apples, whose fame was to spread throughout the country. High fences of round cedar posts guarded the farms from the cattle, and especially from the droves of squealing French ponies that dashed up and down the narrow road leading along the river bank; the picket fences also served as a sort of fortification in case of Indian attacks, and often proved a defense not to be despised."[17]

"In the summer of 1827 General Cass was absent from Detroit for two months, engaged in a perilous undertaking [that of determining definite boundaries between the Indian tribes of the West]. He manned his canoe and made his way up the Fox and down the Wisconsin rivers for the purpose of discovering the actual condition of things and of communicating with the forces at St. Louis by the quickest possible method . . . he landed boldly at a Winnebago village. There were indications of hostile movements. He remonstrated with the chiefs and warned them of the results of war. As he turned to leave, a young brave aimed his gun at him and pulled the trigger. The gun missed fire, however, and his life was saved . . . Years after in the palace of St. Cloud the scene came back to him with all its vividness, and he compared the timid Seine with the mighty Mississippi and the even more mighty Missouri, remembering how he was whirled along through the night on a race for peace and the lives of his people."[2]

Ocean travel hitherward was with admirable restraint mentioned by Mr. Busby as "quite an undertaking in those days" (The early 'thirties). "We were forty-four days upon the water and sometime pretty well shaken up. I have seen it so rough that nearly everyone was sea-sick, even the animals for in those days they always took a cow, sheep, pigs, and poultry. I remember well the turkeys were sick, also the cow. Every day or so they would kill a pig or sheep for fresh meat."[17]

It will be noticed that in this account no mention is made of the slaughter of turkeys, which despite the limited menu must have been hailed with satisfaction by the passengers who had observed the visitation upon them of *mal de mer.* Were the turkeys perchance reserved for the crew?

It is recorded by Carver[18] that in the month of July, 1762, "it rained in this [Detroit] town [of about one hundred houses] and the parts adjacent a sulphurous water of the color and consistence of ink: some of which, being collected into bottles and wrote with, appeared perfectly intelligible on the paper and answered every purpose of that useful liquid."

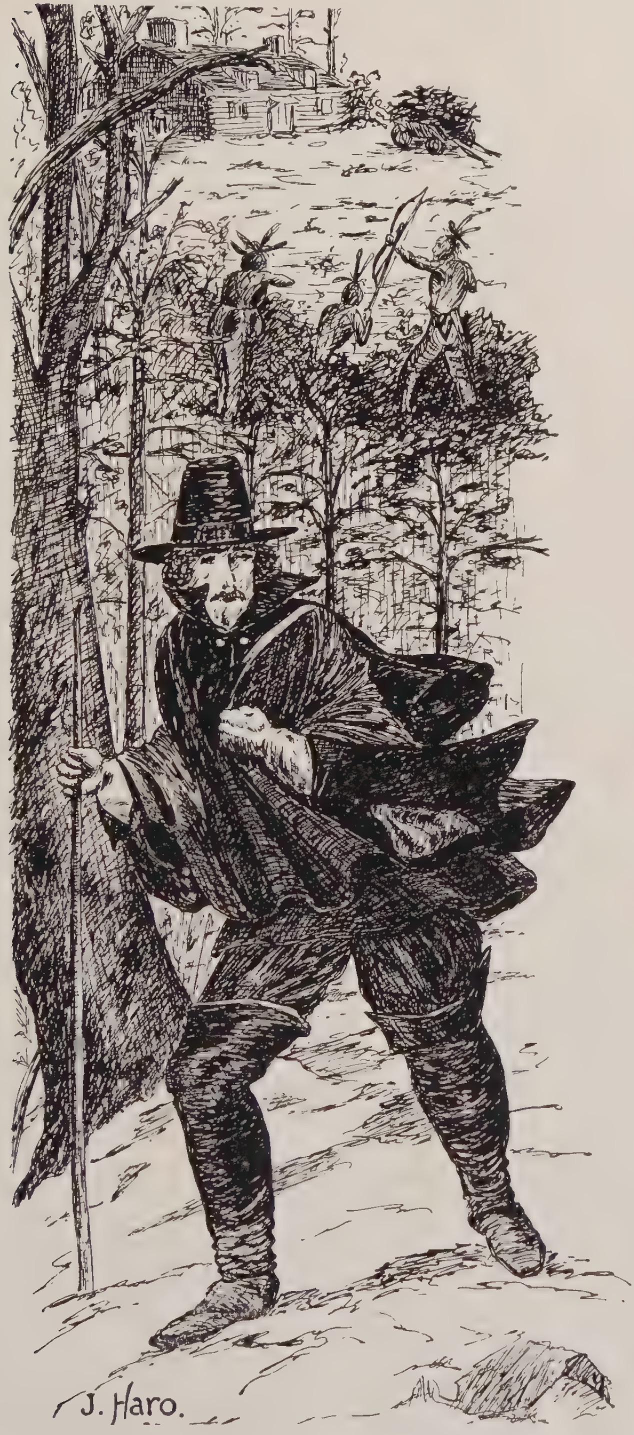
And still there was at that time no "progress," there were no automobile factories, no smoke. How did it happen? The writer refrains from viewing this as a portent of the Indian wars which appeared soon after Carver's communication, although there are "well attested instances of extraordinary phenomena happening before extraordinary events . . . recorded, in almost every age by historians of veracity."

Such testimony as the above would tend to justify and confirm the alleged opinion of Mr. Ford, evaluating history. However, the experiences of a doctor, one hundred years later, with precipitation assuming the mourning garb, cannot be questioned. The pioneer physician, S. L. Andrews, of Romeo, sent in 1868 to the *Detroit Review of Medicine and Pharmacy* "a specimen of the sediment collected from a portion of the 'black snow' which fell quite extensively a few weeks since. It consists largely of the carbonized *debris* of grasses and other vegetable substances, with a few organized elements not familiar to us." The request is made for further enlightenment as to the extent to which the snow was discolored, the depth of the colored layer, the direction of the storm and the date of the snow fall.[3]

Dr. Andrews "made an approximate calculation of the quantity which fell by weighing the matter collected" and "found it to be about one grain to the square foot. This would give over six pounds avoirdupois per acre and 3,840 pounds to the square mile—nearly seventy tons to a township six miles square." "What," he inquires, "may be the hygienic influence of this phenomenon? . . . What may not be expected of the impalpable matter furnishing the seeds of epidemic diseases? Will not the study of the laws of meteorology causing the recent fall of dust aid in understanding the spread of epidemic disease?"[3]

So far as the reviewer is aware there were no mental hygiene associations in existence at that period and the assumption is compelled that "hygienic" refers to commonplace physical.

Every town of any considerable importance had in post-revolutionary war, and more particularly post-1812 war days, an "Eagle Tavern." The one in Detroit bearing a sign, "a spread eagle on each side," was located on



The Pioneer

Taken from original drawing by Mr. J. Haro for *The Quill*, Flint, Michigan. Courtesy of Miss Evelyn Labinsky, Editor.

Woodward Avenue a few doors below the Grand Circus. It was originally a residence and was fitted up during the winter of 1830 for a hotel by Mr. Busby.[17]

An "Eagle Tavern" is also mentioned by Mr. Levi Bishop as a rendezvous—a "hunters lodge"—for sympathizers with the Canadian revolutionary movement in the Patriot War of 1837-38.† "This," he writes, "now [1861] stands on Woodbridge St." It was doubtless the successor of the original tavern located on Woodward Avenue, Mr. Busby having sold out in 1833, following business stagnation due to the cholera epidemic of the previous year.

Detroit, in 1830, was a place of about 2200 inhabitants. "I had to take the horse and cart," writes Mr. Busby, "and empty barrels every morning and drive down into the river and then with a pail fill the barrels which by the time I got home would not be more than two-thirds full owing to the rough road."[17]

"One of the most important duties pertaining to the domestic economy was the keeping of fire. Scarcely did the Vestal Virgins of Rome or the priests of ancient Judah guard with greater care than did our pioneers guard the fires of their hearth stones sixty years ago. If [fire was] allowed to 'go out' it could only be reproduced by flint and steel or by procuring it from a neighbor who was so fortunate as to have kept his and who perhaps lived a mile or more away. Either process in a cold morning was very undesirable."[17]

And if Dr. Adams was not the first to flourish a lucifer match in the Nankin settlement he had the enviable distinction of having built the log house on the corner of Mr. Osband's father's farm in which Mr. O. D. Swift (in 1836) produced it. "He and his family had been from home. On their return I accompanied them from our house and suggested that he take some fire [transport burning coals]. He said no, he would start a fire with a match. This was new to me and with much curiosity I watched the process of drawing a lucifer match from between two pieces of sandpaper and producing fire."[17]

Can the reader envisage the haughty and condescending Mr. Swift, the curious Mr. Osband, and the envious Dr. Adams, if perchance he was among those "also present."?

"The hard winter of 1842-1843 is still vividly recollected as a season of exceedingly cold weather and deep snow." There was "much hardship and suffering" and "considerable loss of life." "Game perished for lack of food." Wild turkeys came into the village of Watervliet and fed upon corn thrown out to them. One pioneer found in the woods "seven deer lying upon the snow dead of cold and hunger."[7]

It is said that quite a number of inhabitants (in Hamilton township) became much exercised over the belief that the extraordinary snow fall had been sent to effect destruction of the earth—"the theory being that the snow would, in melting, turn to oil, take fire and so burn the world with everything in it."[7]

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†*See* Dr. Edward Alexander Theller and the Patriot War of '38, Chapter VII, page 302.

Mr. Abbe, host at a wayside tavern in Van Buren County, was eccentric but pious. A lad in his employ when wearied of labor would suggest to him a season of prayer in the grove and get away with it.

At a revival meeting a girl moved by the spirit cried out, "Oh, I feel as if I were in the devil's iron chest and that it was locked."

"Yes, yes," shouted Uncle Abbe, jumping up and gesticulating, "Yes, brethren, she's in the devil's iron chest, and we've all got keys to it."[7]

Honni soit qui mal y pense.

"Samuel Watson, then, [1837] about sixty years of age, had gone on foot to Paw Paw in quest of medicine for some member of his family. Upon his return he died alone in the woods."[7]

Of "the great immigration of 1836" a settler in Van Buren County remarked, "I've known the time when the rush at Dodge's was so great and the demand for lodging so pressing that travelers offered as high as a dollar for the privilege of leaning against a post."[7]

Hope was evidently "deferred" for the pioneers of Hope, Barry County, who encountered particularly hard times during winters of the forties. It was often said in jest that if a man wintered so that he could in the spring "pull a leek out of the ground without falling over backwards, he had wintered exceedingly well." It was said that in early spring "the entire population of the township had no time to do anything except to pull cattle out of the mire and swamp. Money was scarce, and, as there wasn't much in the way of opportunity to earn it at home, many settlers would go miles to work for somebody that had cash, or they would be glad to work even for someone who could pay them in pork, which was gladly carried home over an eight or ten miles pedestrian journey."[6]

"Sometimes two or three yoke of cattle were hitched to a single wagon, and they were pretty *sure to be* needed on the early roads of Michigan."

"A big substantial wagon is seen surmounted with hoops on which is stretched a sheet of heavy canvas which was once white but which is now stained with every one of the seventy or eighty different kinds of mud to be found between Detroit and Battle Creek.

"On the front seat of the wagon sits a woman who may be the counterpart of her husband in strength and determination, but is quite likely to show the delicate features so common among American women, worn with toil and surmounted by sad eyes, which look with dread on the dark forest by which they are surrounded and in which they are to make themselves a new home."[6]

Ezra Sherwin who, thinking it Saturday, had busied himself making a table, his wife meanwhile having hung out the week's washing, found it necessary to go to the post office which he found closed. "Why," they replied to his interrogation, "it is never open on Sunday."

"Sunday! Gracious heavens thought I, and my wife has the washing on the line this minute, and a new table in my shop will testify of my day's work, and only a week before I had read the sermon and led the orthodox meeting in the school-house. I went home and told my wife. You may guess that washing came off that line in a hurry, but I did not break up my table; it was too good a one, and I have no doubt if the recording angel wrote down that day's work against us, when he came to look at the every day's work quiet of the streets of Palmyra in 1841, and remembered that the transgressors were but three weeks married, and but a little out of their teens, he has long since with a sunny smile of forgiveness blotted it out forever."

An example of the constancy and fortitude of pioneers is thus recorded. "Yet she clung closely to the religion of her youth, a stanch Presbyterian," although "all the hardships, privations and struggles of a brave pioneer woman were hers."

"The meteor of 1861 is well remembered on the south side of the swamp in Decatur . . . is an almost fresh incident in the minds of many . . . Indeed one valiant householder . . . made sure that the meteoric explosion was simply a rebel advance upon Decatur householders, and . . . with the cry, 'The rebels are shelling us,' he proceeded to barricade doors and windows, put his family under arms and with musket in hand, declared that he was not only 'ready for them' but that he would pledge himself to whip a dozen rebels single-handed." (Source of this and preceding quotation mislaid.)

They had their troubles, the pioneers, physicians among the rest. Indeed, the physician bore burdens out of all proportion to the unit average. It was necessarily so. Upon him much depended. The health of the community was, measurably, in his keeping. His facilities for getting about were limited and his equipment meager. He forded turbulent streams on horseback or fared forth through blinding storms on snow shoes to visit the sick. His meals were irregular, his larder ill-provided. In "the bush" he fought the pestiferous mosquito, his hours of work were long, his sleep inadequate. He must fashion his own splints, use crude material in bandaging, operate surgically under conditions of extremest difficulty. Fortunately for *him*, he was not hampered in surgical work by any handicap of asepsis and if his operating wound exuded only "laudable pus," he was satisfied. I have heard an old time surgeon, whose highly respected name will appear more than once in this history, declare that the presence of maggots in the wound was frequently hailed with satisfaction. He made the incision, the flies in serious conditions, "did the rest."

"In early times, pioneers sometimes made meal of their corn by pounding it in a hollow stump . . . One ingenious person had constructed a mill which answered an admirable purpose by felling a tall tree and excavating a trough the whole length of it . . . A small quantity of corn was poured into it and was then ground into meal by means of a heavy wooden roller . . . rolled back and forth by two persons. The use of this mill was free to all and it was a great neighborhood convenience . . . These rude contrivances would not make flour and the grist mill must be resorted to; that might be a day's journey away and the farmer who went the distance with a small grist was never quite sure that he would not find the mill out of repair or not running for want of water or because the miller was prostrated by one of the fevers incident to a new country."[15]

"I might have described to you," declares, with regrettable restraint, a pioneer, "the sickness, privation, and hunger endured . . . or the breaking of Captain ———'s leg and of the surgical skill of our family physician who upon arriving at the house decided that it was not necessary to set the limb before the inflamation [*sic*] subsided and the muscles relaxed for which about one week's time would be necessary; of the hopeless look of the Captain when he heard it; of our sending for Dr. ——— and carrying ——— home on a litter and the same day or the next, myself extending the limb while the Doctor adjusted it to the great relief of all present." How much more impressive, this story, had there been no inhibitions upon the narrator's speaking.

Of Dr. J. H. Hascall, Corunna, who came to Michigan in 1833 and was graduated at the University of Michigan in 1856, it is recorded: "For many years his ride extended over the entire county and at times outside and at that day to reach his patients at such distance meant the surmounting of obstacles and dangers unknown to the practitioners of the present day. Many times he would be compelled to leave his horse and thread his way through swamps and bogs, walking over logs and wading through the stagnant mires to reach some pioneer's cabin in the unbroken wilderness to minister to the sick and distressed, and many such hardships were endured and sacrifices made without remuneration asked for or proffered."[17]

In "At the Top of Tobin," a very readable piece of fiction by Stanley Olmsted (Dial Press) published in 1926, there is given on page 61, a description of "the village Doctor." While this is written of a more recent period and has to do with an environment remote from Michigan it fits so well into the present picture as to be quotable for the purpose of this article.

"His stocky figure, hunched atop his grey gelding and leathern saddlebags was as familiar throughout the country as the outcropping boulders with which he seemed to blend.

"Dr. McApperson's saddlebags were stuffed with everything exacted by the more advanced science of medical monthlies to which he was a liberal subscriber. Under their *right* flap were the powders; blue mass, a cathartic for colds and fevers; rhubarb powder; ipecacuanha; tartar emetic; quinine flakes; calomel; aloes; guiacum for rheumatism; senna leaves; mandrake, a substitute for calomel; iodide; bromide, chlorate, acetate and nitrate of potash (saltpetre). Under the *left* flap in fluted leathern rolls were the phials of liquid solutions; hartshorn for snake bite and milk sickness; digitalis; veratrum viride; tinctures of cardamom; colchicum (for rheumatism) lobelia (for croup), nux vomica, ferrum, arnica, gelsemium (to lower temperature) and capsicum, a stomach tonic. The saddlebags never failed to carry, as well, a pair of 'twisters' for pulling teeth, a thumb lancet, and a catheter."

Current medical literature and such a variety of medicines as above enumerated had no place in the armamentarium of the physician in the early thirties, in Michigan but forty years later any or all might be found in the possession of the "country practitioner" whose "rides" covered considerable territory. The writer's "preceptor" carried a "universal" forceps for tooth extraction, and another variety for population augmentation purposes.

"A wooden mortar and pestle was not uncommon in the pioneer home and served a daily use. If not of much beauty, it was an essential, an important article in the days when pepper and mustard, cinnamon and allspice and the awful Peruvian bark had to be ground up."[16] (Henry A. Haigh.)

The log cabin "was a house made of either hewn or unhewn logs, rolled up and notched down at the corners. In building, a day was usually fixed for raising and the neighbors called together. At a time appointed, four men were selected, one man to each corner of the house with axes in their hands. It was the business of those four men to carry up the corners by notching down the logs while other men were engaged getting the logs in place and rolling them up. When the corners were carried high enough for the roof, the gable ends were put up, of shorter logs, dressed with an ax to a proper pitch for a roof. Then logs were thrown across the house from one gable end to the other and notched down the proper width apart to support clapboards which were laid upon them in a way to shed rain. What are termed 'weight-poles' were then laid upon the roof across the building so as to hold the clapboards in place. Then with puncheons split out of timber a little thicker than plank, hewed smooth on one side and laid upon the sleepers for a floor, with a stick chimney laid up and plastered with clay mortar with the

Pioneer Physician's Saddlebags

cracks between the logs filled and plastered and with logs sawed out of a proper width for a door (consisting of a few boards nailed together) and for a small window the log cabin was completed, ready for occupation without the use of nails except the few wrought nails required in making the door."[1]

Coming to Michigan in 1837 was no continuous round of pleasure for the tourist. On the contrary:

Writes Mrs. Dye of such an experience of multiple hardships, toil and suffering—"flies, gnats and mosquitoes" were "so numerous that the sky was completely darkened."[17]

Dr. Oliver J. Stiles, living in Vermontville in 1838, carried on his back five pigs, from Ceresco, walking "the entire distance of about twenty-five miles." He was offered the sow in addition but declined.[17] (John F. Hinman.)

In 1827, Dr. George Lee came to Mt. Clemens from Ontario County, N. Y. "On arriving at Detroit he was told of an opening in that village and left Detroit on the Schooner Harriet, Captain Hayward, Commander, for this port." He "was four days performing the voyage. The forests then hung over the river so as often to entangle the rigging."[17]

Hon. S. D. Bingham of Lansing related this pathetic episode in a memoir of A. D. P. Van Buren. "He records as a tender remembrance of those days [1837] that after a year had gone by and they had not seen a person or a thing they had known in New York, his mother found a house fly that had been caught and preserved between the leaves of a book and exclaimed 'Here is a fly from New York State! Now children, don't touch it, let it remain in this book just as it is, for it is a fly that once lived in our old home.' "[17]

"One of us" will vouch for the complete credibility of Mr. Bingham, his former chief. His was a poetic and lovable soul and as a sometime journalist he could not be classed with the hopelessly credulous.

The "Willow Run" settlement was located in the southeast part of Washtenaw and the western portion of Wayne County. To the west of Mr. McMath's house across from the Willow Run was, in 1828, an unbroken wilderness. "It remained so, unsettled and uninhabited for many years, the home and hiding place of wolves and other wild beasts. Wild hogs in great numbers roamed over the whole region. They were often hunted as game, caught with great difficulty, and like the man's horse, worth but little when caught; they were too poor for pork and too wild and savage to be either fatted or tamed."[17]

Mr. McMath's Uncle James was at the Battle of Lundy's Lane and he and the father of Mr. McMath, also a veteran of the War of 1812, found great satisfaction in fighting over the old battles. Other members of the family at that time embraced the then prevalent doctrine of total abstinence, but Uncle James, though a good Presbyterian, sat tight and did not relinquish a life-long habit of taking "genuine whiskey" and bitters every morning and evening. He lived beyond the ninety age, "quite strong and able to do many kinds of manual labor" while his brothers died at sixty to seventy. Mr. McMath does not "stop to speculate" whether his life was prolonged because of or in spite of this pre-Volstead practice. In other words, whether it was *propter hoc* or a simple *post hoc*.

The reader of this, should there peradventure be such a person, is enjoined not to draw inferences from his own predilections and preferences, but it is a legitimate deduction from the fact that at his sister Mabelle's marriage the story teller "got most ingloriously drunk," that among his Uncle James' nephews, he was probably a favorite and that he regarded the morning and evening sin indulgently.

Among the imports to Grand Rapids in 1854 "were 1,683 barrels of pork and 1,458 barrels of whisky. A query as to 'why so much pork with so little whisky' was never satisfactorily answered."[8]

It is with extreme reluctance that the above, among many hardships of the pioneer, is recorded.

But this is afield. What the reviewer set out to write was that the "good old Dr. Millington looked after the health of his people" "while the lawyers [no adjectives appear before *their* names] . . . ," etc., etc.[17]

Dr. Rufus Brown and Dr. Scovel were among the ardent supporters of Stevens T. Mason, the first governor of Michigan. There were lively times during this campaign and street encounters were not rare.[14]

"Next to the Banks was an old house sheltered by tall poplars where lived a widow, who soon passed on, and left room for an Elder, who lived there several years. The houses on this street, with one exception, were good two-story houses, facing the lake, the best location in our town; these homes were our 'Fifth Avenue.'

"There were homes on the Milford road. McKnight, a laboring man, lived in a little house on the south side of the street; the largest families in our town were the McKnights and the Cobblers. 'Old man Horner' and his wife lived on the north side of the street, a little old man, ill kept, with full beard and tousled hair. He and his wife were hard working and honest. For some reason, not known to the boys, he was sent to the county jail in Pontiac to await trial, and Mrs. Butcher remembering the Bible injunction to visit those in prison took the 'little deacon' with her and called on the old man in jail. We will trust it did him at least as much good as it probably did for the little deacon.

"On the Pontiac road there were no homes within the village limits, except the Methodist parsonage. A few yards beyond the parsonage was an attractive white farm house of two stories. There were evergreen trees in the front yard."[16] ("The Folk of Our Town"—Henry O. Severance.)

Dr. Bennett F. Root was the first regular physician in the town of Manchester in 1834. Once in crossing the Raisin on the old pole bridge he fell through into the river. "The Doctor being seventy-one years old and a regular physician for fifty years, and being a believer in the water cure to the period of his immersion, could never reconcile his ancient faith with his modern experience."[17]

Quite so. Crossing bridges at one and seventy is a perilous performance.

Doctors there were in plenty, too, who rode the country on horseback with medicine in saddle-bags and dealt out such doses of calomel and jalap as would seem to render impossible the survival of any but the fittest. But in those days the calls upon the doctor bore small proportion to the number of cases of disease; the people doctored themselves with various concoctions of bitter herbs and other simples which were popularly supposed to have healing qualities. The women were mid-wives to one another as occasion required.[15]

On the other hand it is recorded elsewhere that there were five doctors in a place of about eight hundred inhabitants, but it being "not a very good place for a person to get a living out of other people's difficulties, lawyers are not very plenty. There are two that try to honor the profession, but so far have failed to do it."[17]

Dr. George Edward Smith "was the first physician in the lower end of the Saginaw Valley." He was graduated at Cleveland Medical College in 1851 and "removed to lower Saginaw, now Bay City"; was postmaster at Bay City for some years previous to 1861.

To improve his health (in 1837), he accompanied his brother on a trip on the schooner Coneaut Packet: was shipwrecked in Lake Huron above Goderich and the party was not heard from for six weeks. It was late in the fall when they were found "nearly naked and with scarcely any shoes on their feet." He died in 1887, aged sixty-two years.[17]

Clarence Budington Kelland in *Liberty*, December 15, 1928, had something to say of social customs and provisions in "My Home Town."

> We didn't go calling—we visited. The older ladies went in the morning and took their knitting and made a day of it. It wasn't worth messing up the house to have a formal call, and it didn't count anyhow if you didn't have a meal in the house.
>
> Those were the days of cooks. Cake was cake and pie was pie—though there was the school that held out for cinnamon in apple pie and the school that would have none of it. Personally, I was for both.
>
> And cookies! On the top step of our cellar stairs were always two five-gallon crocks, one filled with ginger and one with sugar cookies. And that cellar! Barrels of Northern Spies and Greenings, bins of potatoes, heaps of cabbages and turnips and squash and pumpkins, and shelves of jelly and canned fruits—the whole mingling with the cool earthy smell making an odor to carry as long as the nose continues to function.
>
> No, the world has been ruined by progress and inventions. But whatever comes, I know one town that will be hurt less by them than any other place, one town that will persist in its way, one town that will cling to its old ideals and live as best it can the old sane, beautiful, livable life—and that is my home town, Portland on the Grand.†

Dr. Daniel H. FitzHugh in June, 1835, making his first visit to Saginaw Valley, "rode over the prairies where the bluejoint grass was as high as the pony's back."[17]

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†Produced through the courtesy of *Liberty* Magazine.

Dr. Fletcher Randall came with a brother-in-law to Kalamazoo in June, 1835. They drove a team all the way from Vermont.

"Those in Silver Islet [among them Dr. Tompkins] in 1870, where often the thermometer registered 30 below, when provisions were none too plenty and fresh meats not procurable, were saved from 'fevers and pneumonia,' so it is recorded, by 'nothing but the salubrity of the climate.' There were other compensations. 'Before spring the Great Lakes became frozen far out from the shore, thus affording these isolated people 'a grand skating rink.' "

Silver Islet was "not strictly within our own borders." It is featured in "Michigan Pioneer and Historical Collections" (Volume XIV). There is an interesting account of pioneer manners and customs in the same volume, page 437.

In the early days of mining there was but one physician for a company and it was necessary for him to be on call constantly. A missionary, writing of the situation, says, "So I carried my little medicine case with me and dosed out quinine and salts as well as theology and Gospel." He adds facetiously, "I don't know that I killed any more than the regular physician." It is well known that the prayer of the righteous availeth much, and in critical moments he resorted to theologic therapeusis. One in spasms and convulsions survived this, indeed felt better and was tided over a period pending the physician's arrival. This was opportune, it being a severe case of inflammation of the kidneys and with "another hour's delay it would have been too late."[17]

Having heard of a successful operation for appendicitis made with crude instruments by one of his companions, not a surgeon, inquiry was made and the following letter received in reply:

> Department of Conservation
>
> Oscoda, May 2, 1927.
>
> My dear Doctor Burr:
>
> Sorry to shatter what would have made an interesting tale to your surgical world, but all there was to the W. H. Foster matter was that his abdomen swelled abnormally and to such a degree that it caused agonizing pain. Might have been a tumor, appendicitis or something else. Foster's story, given to me personally, was that he heated an iron spike and burned a hole in the peritoneum which belched gas and ordure. About eight months, I think it was, after this occurrence on Isle Royale, he was with me working on a wild life exposition by our department at State Fair, Detroit. At that time the incision was still open and all his ordure was passing through it instead of through rectum. Before our show was concluded Foster died in a Detroit hospital. Mr. Charles Daniels, Ford car dealer, Detroit, may tell you hospital and doctors in attendance.
>
> Very truly yours,
> JAMES McGILLIVRAY.

In the Upper Peninsula in 1846 and 1847 a miner was severely injured by a premature blast. He was compelled to walk fifty miles in cold and snow to consult a surgeon, his eye the while lying exposed upon the cheek.[17]

Of the late Professor A. B. Palmer's experiences in early practice in 1839 and thereabouts, it is written: "Often the homes of distant patients could only be reached by bridle paths through the woods." In some cases it was not even a bridle path and the horse was tied to a tree while the doctor scrambled over fallen tree trunks and bogs to the log cabin of the patient. Once a stream was to be forded. His companion hesitated but the Doctor plunged boldly in. It proved to be deeper than he supposed, the horse lost his footing, and both went under. As he at length scrambled out he said he "hoped the bystanders would not think he had left the true church and gone over to the Baptists."†

Dr. William B. Lincoln came to Ionia in 1833 after more than a month's journey from Utica. The country was then an unbroken wilderness from Jackson to the Grand River Valley. For several years he was the only physician in that region. He frequently traveled forty miles a day on horseback, or on foot from thirty to forty miles to visit the sick; was necessitated often to ford Grand River.[17]

"A horseback ride of sixty miles" to attend an obstetrical case—there and back the same day—"seems like a considerable job, but then [in the thirties] it was looked upon as a common incident in the life of a backwoods doctor."[10]

Dr. Lincoln, of whom the foregoing is written, was in 1881 in Ionia "still hale and hearty" and with "an active interest in the stirring duties of life."

Dr. Lincoln could "guess off" a load of hay as well as assist effectively in augmenting population. "Mrs. Avery's faith in his guessing powers" was "emphatically endorsed" when he came within one pound of the correct weight.

"In the winter of 1834-1835" he "was besought to open a school in his office" and "consenting to the plan he trained the young and tender idea during that winter to climb the dizzy heights of learning."[10]

He was "known far and wide"; "rode over a circuit so broad that his earliest experience was mainly passed in the saddle."[10]

He purchased the site, of a sawmill destroyed by fire, in 1838 for six sheep.[10]

Writes Dr. N. M. Thomas in his interesting autobiography, "I had to light a candle to see her tongue, in the day time, the log cabin being so dark."

William H. Cross writes that in 1833 he "was reduced very low with sickness." Good mother Fletcher of Nottawa "rode ten miles on a buckboard on a wagon behind a yoke of oxen," remained and nursed him from Tuesday to Thursday, "then rode home on a load of lumber, and all this on very slight acquaintance."[17]

There were no doctors in Alpena as late as 1864 and patients were necessitated to undergo a journey to Detroit for surgical treatment.[17]

Dr. N. M. Thomas, in coming to Michigan in 1830, crossed Carrying River near Port Clinton on Lake Erie in a canoe, swimming his horse at the side, followed a dim trail along the river, without passing a habitation, crossed the Maumee at Perrysburg and continued the journey on through Monroe, Adrian, and Tecumseh, "all small villages."[1]

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†Memorial of Alonzo Benjamin Palmer, University of Michigan Library.

The winter of '42-'43 was the "longest and hardest from the first settlement of the country."[1]

Of a pioneer who died at the age of seventy-three, it is recorded that he had a stubborn attack of erysipelas which did not yield to treatment. However, his biographer assures a receptive world that he "cannot speak too highly of the unceasing care and attention of the entire community." This should have helped some.

Dr. N. M. Thomas, on the way to Chicago in 1830, was entertained at a mission in St. Joseph, and by a French trader living with a squaw. Under the Frenchman's advice he went with the "express" to Chicago. This consisted of two men on horseback, who carried mails from Niles. They traveled together several miles on the lake beach to Calumet River, which they found too deep for fording, and were necessitated to strike out into the Lake, until a bar was reached, then turning course and keeping parallel with the shore, they were able to pass the mouth of the Calumet without swimming their horses.[1]

A shower of meteors sometime in the thirties, seen on the way to an obstetrical case between one and two A. M., was to Dr. N. M. Thomas "partial compensation for loss of sleep." Indeed, his sleep must have been much broken. He relates an incident of sleeping during a two-mile ride on horseback. To horseback riding he attributes escape from the disease prevailing in 1833-1834, cholera.

Jesse Thomas, a student of medicine, made his way to Michigan in the thirties by the Ohio River to Cairo, thence by the Mississippi to Alton, by the Illinois to Putnam County, by stage to Chicago, by boat to St. Joseph, by stage to destination—a three weeks' trip including a stop-over of one week.

"I generally did all the milling for family use. I performed a journey on horseback, taking a bag full of grain at a time and leaving it to be ground in its proper turn, which was generally fixed for some days ahead, at which time I had to make a second trip to return it in flour or meal. It was not uncommon to be disappointed in getting it ground according to promise. I must then either return home without it or wait until so late an hour that I would be compelled to make my return after night, some three or four miles distant, and to travel at no greater speed than a walk."[1]

Compensations there were. His relatives all lived in log cabins but pioneer hospitality was boundless. How Dr. Thomas enjoyed his mother's "warm biscuits" and Aunt Dorcas' "peach dumplings"; and of a supper which "just suited my taste" of "unskimmed milk and bread" and of a "pudding put into a small bag and boiled in a kettle," he writes enthusiastically.

Dr. Victor C. Vaughan's "Memories" (Bobbs-Merrill Company) reveal extremely interesting experiences. The hardships of his early life in the war-torn State of Missouri make a stirring appeal. That they were of profound importance in determining the sturdy character and strength of purpose, with which his life was replete, can scarcely be doubted. "My life," he writes, "has been determined by heredity and environment. These are the factors that have molded my being, given direction to its development, marked out the course of its growth and set bounds to its activities. Had either been different from what it was, better or worse, I would have been different from what I have been and from what I am. Heredity supplies the seed and this contains the potentialities of life. Environment conditions the growth, supplying the soil and all else concerned in the conversion of the potential into the actual."

The revelations of his student preparation, his acquaintance with the classics and his pedagogic functions in school life previous to matriculation at the University of Michigan display remarkable versatility and resourcefulness, of which those acquainted only with his achievements in medicine and surgery, in chemistry and hygiene, his war work, his voluminous contributions to medical lore and his teaching functions were unaware.

Major Henry Whiting, Quartermaster U. S. Army, in the fall of 1842, was desirous of getting supplies through to the troops then stationed at Saginaw City. "With eight days' labor they [the party assembled] succeeded in carrying four tons of supplies from Detroit to Saginaw. In performing this they were obliged to ford the Clinton River five times; the Thread, Cass and Flint Rivers, also the Pine and the Elm." Fortunate indeed was it for the soldiers that they were successful, for "when the supplies arrived they were almost famished, having been without rations previous to Uncle Harvey's [Williams] arrival."[17]

"In two years after the arrival of this [Pettingill] family they were alternately alarmed, interested, and finally amused by the performances of a family of twelve wolves that lived in the swamps and on the borders of the Grand River" [Jackson County]. "Each of the brutes was readily distinguishable by his voice. Regularly with nightfall came their concerts, a heavy coarse voice leading, a shriller one following, and the ten tenors joining in the chorus. They ceased at the close of their vespers in orderly relation, the oldest desisting first, and so on until the music ended in the fine squeal of a youngster."[11]

In connection with the foregoing there might be mentioned the story of an agile and lengthy seven-foot blue-racer, but it is withal so stirring that the present writer is restrained from entering into particulars more than briefly. The snake "sprang from his assailants into the top of a small tree," then "flung himself toward the eldest son," of eleven years, who "hit him as he flew" and completed the "routing of the camp" of these reptiles.

The length noted above was the average "of the entire lot."

A party lost in "Old Maids Swamp" in Eaton County, "wandered for several days before they finally found relief, and that only after some of their number had hunted for it."[9]

Pioneers were devilishly venturesome and took many a long chance.

Disciplinary measures with school children were occasionally, among the pioneers, carried to an extreme which those of a later age, even those far from sympathetic with Tolstoian leniency would disapprove. To illustrate, The History of Macomb County contains, on page 547, the following:

"Cary Worden was excessively fond of strong drink. It is said that he would so far forget his dignity as a teacher as to get gloriously drunk, then go to the schoolhouse and there sleep off his debauch—sometimes in school hours. When he awoke from his drunken stupor, almost invariably he would beat the first pupil he saw for some imaginary offense. The pupils at one time by preconcerted action, gave him a good sound drubbing in payment of 'old scores.' "

The foregoing, which might be called "pupillary reaction," has not been exceeded even in recent "college activities." On the other hand leniency may possibly be carried too far. Nathaniel Culver, a teacher in "no Bob Thompson's school but an academy" was "especially esteemed by the fair sex. He was an exemplary young man, not radically strict upon discipline, but probably better liked on that account."

The above were happenings of eighty years ago and there is no way of verifying or disproving the narrative, but it may be of value as a contribution to the psychology of the Victorian Age.

"In the year of 1840 the first train of cars came to Ann Arbor. It was the occasion of great rejoicing. . . . We marched with our teacher in good order to the residence of Dr. Ormsby on the hill just north of the gristmill . . . to await its coming . . . And the question has often presented itself to our minds since, 'Why did he not take us to the station if he wanted to give us a treat?' "[13] (Reminiscences of Mrs. Harriet L. Noble.)

Why indeed? How would the children of eighty-nine years later react? Beat the teacher to it?

Something happened to "Old Uncle Wilson," a lone, taciturn, well-read, intelligent Scotchman who "appeared to be an exile on account of religious or political intolerance in his own land." He came to Romeo in 1824; was last seen "traveling toward Detroit" in 1832.[12]

Detroit's reputation those days was very shady; now it is so different!

Dr. Andrus (Andrews?) prepared a paper for the meeting of Macomb County pioneers, in 1882, on the "Clinton Canal and Shelby Railroad," which "were two of the many remarkable manifestations of the crazy fever of speculation that infatuated the people of Michigan in the period extending from 1833 to 1840. . . . The successful construction of the Erie Canal stimulated Michigan to a like endeavor, and a canal from the Clinton River, Mt. Clemens, to the Kalamazoo River soon took definite form. March 21, 1837, the Legislature authorized Governor Stephen [Stevens?] T. Mason to contract a loan for the construction of several great public works."[12]

The entire story is interesting. Suffice it to say, in summarizing, that "wildest hopes" went glimmering.

"Fifty years ago," writes Mr. S. B. McCracken, in 1887, "the children of the pioneers studied their few books either by the firelight from the open fireplace or by an open lamp made by placing some grease and a cloth wick in a broken saucer or at best by the light of a tallow candle. We had neither silver nor cut glass goblets in those days and not always tin cups or dippers, the . . . 'noggen' or gourd supplying their place. . . . Our carriages were ox-sleds. . . . The boy of fifty years ago was happy to possess a pair of indifferent skates. . . . India rubber was first coming into use . . . and then the average boy was happy if he could get a bit of foundation to build his ball upon." And communication with distant friends was "by letter with a mail once a week and postage two shillings."[17]

"We had one little window of six panes of seven by nine glass," writes Mrs. M. J. Niles,† quoting a pioneer of 1835, "put that in, then the house [built of logs] was done and we went to making furniture, first a bedstead. I built it of poles and crossed it with basswood bark instead of the customary bedcord, poles driven into the sides of the house." There was a house full of girls a mile upstream and Mary Ann, of thirteen, needed society. Maternal injunctions and disapproval were unheeded. She was "missed" and at night "came back drenched to her neck. She had waded or swum the deep river twice."[17]

The first doctor and one of the very first settlers in the county (Oceana) "was Dr. Thomas Phillips who is still [1885] in practice here. His beat, for several years without a rival, extended along the lake shore from Muskegon north to Lincoln, a distance of over fifty miles. His only road was the lake beach and for want of better conveyance he generally traveled on foot. Summer and winter he might have been seen, frequently stripped of his clothing, holding his medicine bag and clothes on top of his head with one hand, while with a pole in the other he steadied himself against the current, wading the several streams emptying into the Lake. At one time during the prevalence of a contagious disease [smallpox, I believe] which had been scattered along the shore he had forty-three patients on hand, a daily visit to which [*sic*] required over forty miles travel."[17] ("Pioneer Life in Oceana County"—Harry Towar.)

"In the fall of 1833, I was . . . sent for and found Ferris very sick with pleurisy and in great pain and the nearest doctor, William Mottram of Nottawa. I at once took my Indian pony and started for the Doctor at his home. I found he had gone to Pigeon . . . at Pigeon learned he had left for Sturgis. At Sturgis he had just started for Bishop's in Burr Oak and there I found him." Returning, "we forded the St. Joseph River above Sturgeon Lake, some two miles, and got to Ferris' soon after sunrise the morning after I started, riding about sixty miles in the day and night and much of it guided only by my knowledge of the country and of the course of the Indian trails and their fording places of the streams."[17] (Narrative of Andrew Watkins of Leonidas.)

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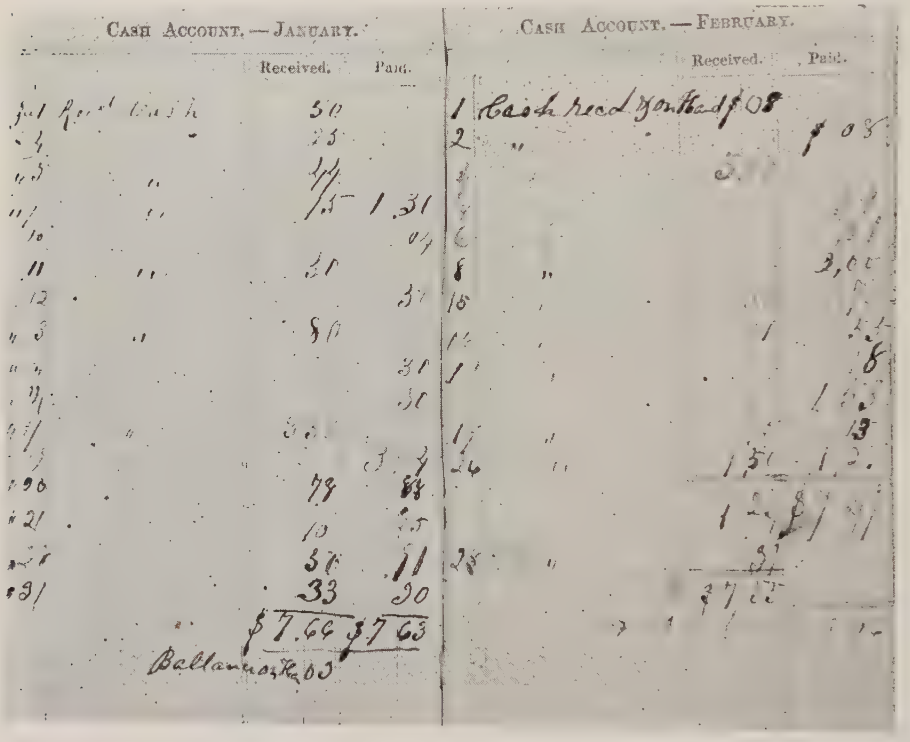
†Mother of Dr. H. R. Niles, long Assistant Superintendent, "Oak Grove," Flint.

Much relief must have come to fatigued "drawers of water," when in 1825, Bethuel Farrand, father of Dr. D. O. Farrand, submitted a proposition for an up-to-date water system. He was given the exclusive right of watering the city of Detroit but withdrew from the enterprise. However, the plant was established at the foot of Randolph Street in 1827. "Pumps were driven by horse power and the water was pumped into a forty gallon cask at the top of the cupola."[4] The water was distributed to different sections through tamarack logs.



Cash Account.—January.

Received. Paid.

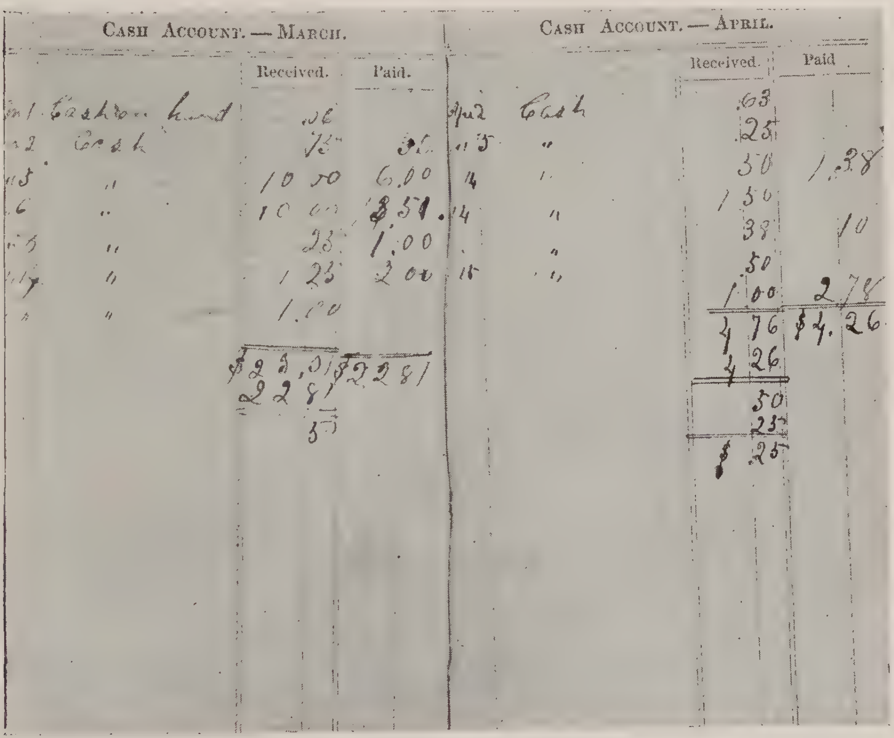
Cash Account.—February.

Received. Paid.

Cash Account of Dr. E. V. Chase (1856)

Dr. John L. Whiting relates that in 1820-1821, "the people were suffering bitterly from the effects of the war with the British. They were only a handful in number, some nine hundred souls in all, white or native-born English-speaking Americans; outside of the garrison there were only about fifty. They had lost pretty much everything during the war and were suffering from the want of the very necessaries of life. All their provisions, their oxen, hogs and sheep came from Ohio, through the Black Swamp and were very dear."[4]

Of Dr. Whiting's first trip to Detroit in 1817, there is a stirring account in Palmer's "Early Days," pages 761 to 765. Almost every conceivable hardship and vicissitude were apparently endured; winds "blowing great guns"; roads, such as they were, "full of stumps"; Niagara River filled with floating ice; weather, "the coldest I ever experienced before or since"; attempt to ferry, horses overboard; abandonment of crossing and progress west by the south shore of Lake Erie. Ice in Rocky River—ugly looking crevasses below which were seventy-five feet of water; rivers swollen by a freshet, ferrying in a canoe, horses swimming behind. "Black Swamp, a terrible dismal bottomless, almost impassable stretch of nearly thirty miles of black ash; blazed trail lost and recovered; Detroit the extreme western point of white civilization reached February 26." The narrative should be read in its entirety.



CASH ACCOUNT.—MARCH.

	Received.	Paid.
Mar 1 Cash on hand	36	
" 2 Cash	75	30
" 5 "	10 50	6.00
" 6 "	10 00	$3.51
" [illegible] "	25	1.00
" 7 "	1 25	2 00
[illegible] "	1.00	
	$23.01 22 81 5	$22 81

CASH ACCOUNT.—APRIL.

	Received.	Paid
Apr 2 Cash	.63	
" 5 "	.25	
4 "	30	1.38
14 "	1 50	
"	38	10
15 "	50	
	1 00	2 78
	4 76 4 26	$4.26
	50 25	
	$ 25	

CASH ACCOUNT OF DR. E. V. CHASE (1856)

Writes Dr. E. V. Chase, of Ovid, Clinton County, in his diary, January 1, 1859, "The old year has flown and given place for the New. We are well this morning. I made a prescrip for a sick lady and got my pay. What a coincidence." He was not often so fortunate as his cash account and the later entries indicate. There must be something in the "New Year Spirit"—very tangible and practical.

On the following day he attended Church and on Monday visited "Mrs. ...., who has been suffering with a very sore mouth," and lanced a bad swelling for another patient.

He called, the fourth, "upon the widow and the fatherless," and records: "It is a lamentable fact that we do not pay strict attention to the wants of those who look to us for support."

What with snow and piercing cold weather, the arduous duty of "keeping house" and sickness in his family, visits to his patients with dropsy and typhoid, a call of "1 hour and ½ from .... and his lady" and another from "............ and her fellow," and "a collection tour" in which "4 or 5 dolls in eatables" were assembled, his life certainly lacked anything suggestive of *dolce far niente.*

And there is no evidence in his diary that gratification over the snow to "cheer the merry sleigh riders" was at all diminished by a ride of eight miles over "very bad roads," and the soreness "after my ride through yesterday's storm," but morning of the nineteenth "brought [me] the solemn tidings that Iva W........ was dying." The reflection appears that "the shafts of death pierce the heart when least we expect and put an end to man's mortal existence."

"The piercing air sends a dart of icy chillyness to the heart," he writes rhythmically. This may be one reason why the lecture by Sillon of Byron on "Educational Affairs" was not well attended and was postponed. Another, perhaps, lay in the absence of general prosperity as indicated by the fact that he went out to collect "but got nothing." On a subsequent day he "started out to collect but went down to see my folks . . . called at the Mr. ....'s, and had quite a visit. Traded horses with Pa."

The patient with erysipelas was better. He called on .... and "heard many things about ...., derogatory to his character." The days following there is "nothing to do except to Collect and I guess that I will not today." He hopes for snow but is doubtful over the prospect. There is no room, however, for doubt about the financial situation. "The cry universally is Hard Times." A fall of snow improved matters. He "bought a sleigh and had a ride" and two days later "went out collecting; had the good fortune to get five dollars. In the evening attended the Lyceum."

February 9.—"Aurora breaks upon the wakening world notwithstanding a *few* have to rise heavily, owing to a prolonging of yesterday's waking hours."

There are moments of depression. "Today [Sunday, the thirteenth] I arose from slumber with a sensation I call anger owing to something that passed between Frank and me last night." On the twentieth he was "called in great haste to see a child that lay in a fit, which lasted the child for four long hours." He also "went to meeting."

February 21 to 23.—"Mud is getting to be disagreeably deep yet my patients need help. Out tending the sick, mud or no mud, it is all the same to me. I sometimes wish that I had not studied medicine." Even the new sign on his door which "looks very well" appears to him "all foolishness."

His wife and child are a constant joy. He misses them greatly when there is temporary separation—they help him "to kill time readily for I love them both dearly." Of a neighbor's son who yielded to the lure of Kansas he comments, "poor foolish boy," but of himself, and his horse which he "almost sold," he writes, "if I shall sell her I shall go to Ohio."

February 27.—"Today and nothing to do. If I had plenty of money I would not care. I think that my customers have forgotten me entirely."

On March 13 he packed his books to start for Ohio, but four days later they were unpacked and he had "some notion" of sending his money to "Buffalo for Books."

March 22.—"Pleasant Spring has really come with all of its beauties except flowers. We shall see them soon."

March 25.—"The wind blows cold and it snows. A young winter has really come perhaps to give us more sugar weather."

March 29.—"Boisterous old March."

March 30.—"Nature is beautiful but the air is cold and piercing."

March 31.—"Old March has really kicked up his heels."

April 1.—"Tolerably pleasant today."

April 2.—"Not so pleasant. James and George came to see us. We are always glad to see our friends, they tend to cheer us on our lonely path onward to the grave."

April 3.—"The sun has at times shone brightly to gladden the church-going throng as they wend their way to the Church door."

April 4.—"Went to Town meeting, voted for A. B. W. for Sup., but voted a democratic ticket, i. e. True Democratic."

April 5.—"Don't feel as well today as yesterday owing perhaps to eating sugar yesterday." [Is this conjecture correct? Wasn't it rather because of the vote?] "I visited one of ....'s patients and found her quite low. Guess she will recover."

April 6.—"To-night the great panorama is to be displayed." [Query, What does the present generation know about the panorama?] "The great hall is lit up."

April 7.—"Last night was the time appointed for a display of foolishness and it was well acted."

April 8.—"Last night we went in debate on the question before the Lyceum. It was quite spirited. I was elected President. I visited a lady who was quite sick with a cold." [Would that the subject of the debate had been given.]

April 9.—"Called in great haste to see a child about a mile out of town. It was in a fit when I got there but a few well-directed remedies removed the trouble."

April 13.—"I am getting my sulky ironed off."

April 14.—"Last night a row happened in Town and I was called to see and dress the wounds of the wounded. Today a body of men tore down a saloon and drove the folks out of doors."

April 15.—"John B. and I had some pretty hard talk."

April 16.—"Micky, the Irishman who got hurt in the affray day before yesterday is improving."

April 17.—"This afternoon is more pleasant so that a walk to the river is talked of."

April 18.—"I went to see a patient down the road a short distance—the trouble was a rupture."

April 19.—"This morning dispels all gloom for the sun shines with all its splendor. I went to see a patient out of Town a short distance."

April 20.—"I made several prescrip, during the day and was called down to see a man in Middlebury. I didn't return until late."

April 21.—"Jennie and the Babe are my favorites."

April 24.—"Visited my patient [whose ear was cut off by the cars]. Pulse about 75, ordered gruel to be taken, Arnica lotion to be put on the part wounded."

April 27.—"I made several prescriptions and visited 2 patients. It is lonesome to be without my little family. Ate 3 meals."

April 28.—"I called upon several patients whom I pronounced quite out of danger. I pulled three Teeth for Two I rec'd my pay. 3 meals."

May 7.—"Today I stayed with my Jennie and little Ella. Oh how I love them—if they were necessarily kept from me I would go almost distracted but Heaven forbid."

May 8.—"Today I am with Pa Chase's folks. I went with others to see the Ordinance of Baptism administered and it rained all of the time while they were at the water."

May 10.—"Last night I was called out to see a lady that was sorely afflicted with severe pains near the left Breast, this pain came on at regular intervals making her scream frantically. The pain yielded to Chloroform and Ether."

May 15.—[After moving to another house] "We enjoy it so much here way out of the noise and bustle of this great City." [Ovid?]

May 18.—"Our cow came yesterday and already we begin to think a great deal of her. I guess she will be of use to us." [She was. His cash account shows that he sold to A. B. Wood 34 quarts of milk between October 17, 1859, and January 16, 1860.]

May 22.—"I walked about 2 miles to see a patient and there learned that the place where my sister intended to teach school was in a state of contention and probably would not hire her."

May 23—"She agreed to teach for 12 shillings per week."

May 24-27.—"Today I feel some sore and lame but as I am young I guess that I shall get over it. . . . Pleasant Summer is nigh, birds sing joyous and free, the cattle are grazing on the neighboring hills, the busy squirrel is playing briskly in his leafy bower, business is brisk, the ploughman is seen driving his sturdy team, the ax of improvement walks stealthily into the mighty forest and houses are erected as it were in a night for the emigrant, improvement is seen in all things about us. Grass grows, wheat shows itself;

not to be outdone Rye puts forth with great rapidity—all nature rejoices."

May 28.—"Went yesterday to see a patient who was very sick with pulse running as high as 120 and an eruption of the skin resembling Papulæ. I prescribed Fever Powders, Quinine and Veratria."

May 29.—"Pulse not as high as it was yesterday yet he is very sick. The same prescription was continued today."

May 31.—"Convalescing except a bad leg which will have to be cut open."

June 1.—"Cut the swelling open it discharged a most purulent mass of puss [*sic*] that left him free from pain."

June 2.—"Jennie is quite sick and I don't know what to do for her. I had rather do most anything else than give Medicine to my own family."

June 3.—"Cold winds blow today and make it dreary; in the P. M. it cleared off and is quite pleasant. I was through necessity obliged to make some prescriptions for suffering humanity."

June 5.—"Last night a hard frost visited us cutting down to the ground most of the garden stuff that was not protected."

June 8.—"I went to see Mrs. Ferris with Chill Fever. Treated her with Quinia $_{\text{aa}}$ D pow$^{\text{d}}$ $_{\text{aa}}$ Podophullum [*sic*] once in six hours."

June 9.—"Mrs. F. 'still convalescing.' Prescription Dover and Quinine."

June 10.—"Called out to see a lady who was about to be confined. She gave birth to a fine girl baby weighing 10 pounds. All is well, the Placenta was fast, has to be detached."

June 11.—"Early this morning to visit a very sick lady. She was being confined. At one P. M. she commenced having Puerperal Convulsions."

June 12.—"She is very sick, her life is despaired of. Last night I was obliged to take away the child by the use of Forceps."

June 13.—"At nine last night Poor Mrs. C........ was relieved of all her sufferings by Death. When death comes into our midst it seems a terrible monster to cope with."

June 16.—"I was called to see a boy who was attacked with chills & fever. I gave him cathartics followed by Bark and Antiphlogistic remedies."

June 17.—"I had the Ague today pretty bad my patient is better."

June 18.—"I take remedies to prevent my ague tomorrow."

June 19.—"Sometimes our feelings get ruffled but as soon get smoothed. Competitors are in the field no matter what a man's profession may be. Leach was called to see my patient." [Pregnancy.]

June 20.—"Visited a small boy who had been sick for some time and was in a very bad state. Feet bloated. Colorless skin and lips. Very worrisome causing a great deal of trouble."

June 22.—"Jennie went down to Owosso to see her little 'Chip of sweetness.'" [Visiting grandparents.]

June 24.—"Jennie came bounding into the house . . . She brings me news of a horse that I can buy in Owosso."

June 26.—"I have done nothing today but sit in the house and read. Very healthy, some indications of rain."

June 27.—"I bought me a horse, a pony, he is foxy."

June 28.—"Went out collecting, got some flour and sugar and butter. It is very warm. We, i. e., Jennie and me called at Mr. Davis's and took dinner. We were well entertained."

Here the diary breaks off abruptly.

He enlisted in the U. S. Army and became Lieutenant. His biography appears in Michigan Biographies, Vol. 1, and his military record in the volume on the First Michigan Cavalry, published by the Michigan Adjutant General. (*See* "Medical Education," "Extra-Professional Activities.")

He died September 26, 1915.

"Obliged to furnish medicines, as there was no place where they were sold within a dozen to twenty-eight miles, quinine for chills and fever and calomel with jalap for heroic work, and epsom salts and castor oil for constant duty, his outfit was a trusty Canadian pony, with saddle-bags to carry the drugs and instruments needed for a day on the road. Often the ride would take the entire day and extend well into the night. Particular about his food, the Doctor would not eat until he reached home, perhaps after an absence of twelve to fifteen hours, and his table was one of the most inviting of the village. Tired and hungry, the kind of life, with its irregular habits, was not calculated to promote health and longevity. The minister could preach old sermons, but the doctor must be on hand with fresh prescriptions in every emergency, and his ride extended many miles in all directions. Of the pony it was said that he would thrive on maple browse and a nubbin of corn."[17]

The present generation should however refrain from making too deep draughts upon its well of sympathy. The pioneers were abundantly able to take care of themselves. One member of Congress described the pleasures of log cabin life in terms of unquestioned approval. "Now for the frolic," he says. "The frolic" consisted in "dancing, playing and singing love and murder songs, eating johnny-cake and pumpkin pies and drinking new whiskey and brown sugar out of a gourd. . . . But let me tell you, Sir, our girls were not to be sneezed at. They presented a form in beauty, that marked the developments of nature, when unrestrained by corsets, and the withering dissipations of fashionable and high life; and their guileless hearts looked through a countenance that demanded confidence in their innocence and unsullied virtue. But, Oh! their forms! When you applied your arm to their waists, in the giddy waltz, with twenty-five yards of linsey, in which they were comfortably enwrapped, you had an armful of health and firmness."[16]

Such accounts indicate that all that is necessary to bring back some of the "good old times" is to add some twenty-two or -three yards of "linsey."

Of the German colonists in Saginaw County under the guidance of their pastor leaders, it is written:

"The reverend gentlemen I have named, deserve to rank with the Jesuit Fathers, who first explored the continent, for the zeal, honesty and wisdom they exhibited in the welfare of the flocks under their care. These colonies gave to the country the Hubingers, Kochs, Ransenbergers, Gugels, Schmidts, Limbergers, Gerbers, Friedleins, and many others who have been active, prominent and useful in public affairs."[17]

And of another group:

"In 1848-49-50, there came to the country from the Fatherland, another class of Germans, radically different in habits and thought, from the former colonists. They were men who regarded civil and religious liberty as paramount; men who had engaged heart and soul in the revolution of 1848 that convulsed Europe; men who believed that in America they could aid in building and maintaining a home for freedom; men 'whom the proud lords of other lands, through rage or fear, drove from their wasted homes.' "

"That revolt gave us the veteran George A. Veen Vliet, the founder of the town of Blumfield, and who for many years filled positions of honor and trust in the county. He left behind him that which to all men is of infinite worth—a good name. It gave the county also such names as Charles Post, Bernhard Haack, Frederick Zwerk, Louis Loeffler, Alexander Alberti, the Liskows, the Seyffardts, Morris Bros., the Roesers, the Beckers, the Barks, the Vassolds, Jacksons, Achards, Kuehns and the profound student and scholarly Dr. Plessner."[17]

Dr. R. C. Kedzie has written most entertainingly of pioneer life in Michigan. In the spring of 1824 his father, acting upon the advice of his "trusted friend Dr. Robert Clark of Monroe," came to Michigan and acquired 300 acres of Government land on the banks of the River Raisin. He brought thither his family of eight in 1826 by the Erie Canal and steamboat. The farm was in the midst of an unbroken wilderness twenty-five miles from Monroe. Unaided except for the help of a few "near" neighbors, five or six miles away, father Kedzie built an 18 x 22 log house and "cleared off a field for orchard, garden and cornfield."

The events of the first night in the woods after the family had moved to "Kedzie's Grove" in the wilderness were indelibly stamped upon his memory. "A bright fire was burning in the space where the chimney was yet to be and kept burning all night to warn off all wild beasts." About the boys who had taken the pony to the bottom land to forage "the wolves began to gather," and the boys "with the pony tight at their heels made a bee line for the house to tarry for the night." The wolves surrounded the house and gave the original Michigan yell in fine form. A rival society, the owls, gave the answering yell and these native societies kept up the serenade all night.

"Wild beasts roamed the forests and wild Indians dominated all, the trees shut out the sight of the sky, and the murmur of the winds, as they swept through their interlaced branches was like the moan of far off seas . . . A white oak four feet in diameter was 'axed' . . . and when he fell we were invited out doors to 'see how it let the sky in.' An enemy destroyed. No wonder we came to hate a tree."

"The trees must fall even if they held their sheltering arms over our home because danger lurked in their very shadows and we must have breathing space and sunlight around our home. These forest monarchs with coronals of green and majesty of form appealed in vain to our sense of beauty."

" 'Woodman spare that tree' was not a favorite song at 'Kedzie's Grove.' . . . It was woods, woods, everywhere, tractless, savage, terrifying. They seemed to smother us and we gasped to drink in the open sky."

"Those grand old forests! I look back with remorse upon their pitiless destruction—the rich inheritance of the centuries past wantonly wasted—timber to build the navies of the world, lumber to adorn palaces of kings, burned in log heaps."

"We were twenty-five miles from a mill, store, postoffice, doctor, minister and civilization in general and in particular . . . In going to the mill the bags of wheat were carried over the river [at Petersburg] in the canoe. The horses were unharnessed and made to swim the stream. The harness and wagon piece by piece were ferried over, then all parts put together again, the grain loaded up and the driver could then go to Monroe to get his grist ground."

Mail was carried "once a week unless the river was high" in saddlebags. "We dreamed as little of a daily mail as of a telephone message."

"The one social bond in our little settlement was the Sunday School which my father organized as soon as another family settled near us."

The reaction from wild-cat banking made money tight. There was little market for farm produce and while a distillery at Blissfield would pay a small price for corn a family council decided that "Kedzie's corn was not made for whiskey."

Hence employment in teaching school in 1844, which was obtained after travel of 300 miles, on foot part of the way. The salary for this was $11.33 per month with board, and the boarding around incidental thereto "showed me more unsophisticated human nature than I ever found before."[17]

Dr. Kedzie graduated at the Rochester, Michigan, Academy in 1847 and with the first medical class in the University of Michigan; practiced in Vermontville for ten years; enlisted as Assistant Surgeon of the Twelfth Michigan Infantry in December, 1861. He "was captured with all my hospital" at the battle of Shiloh; was promoted to be Surgeon of the Twelfth, April 20, 1862, and served until the following October, when he resigned on account of ill health.

"Disaster has come to other countries as the result of such vandalism as has characterized the war of greed on Michigan forests, and we must not expect to escape from the same direful consequences. The soil of high lands, deprived of root and leaf and tree protection, is destined to wash into the lowlands, leaving our hills as barren and desolate as those of northern

Africa, of southern Italy, of Spain, and of other once fertile regions, without even the probability of forest restoration by replanting indigenous trees by some later and wiser generation. In the meantime, spring floods will rise higher than ever before from sudden thaws and heavy rainfalls; while summer drouths, rendered worse by the parching winds, will paralyze agriculture and decimate the rural population. These results come gradually, but they are none the less certain. What has been will be. It is a sad and discouraging spectacle to those who realize what and how much of use and beauty have been already destroyed by the excessive swinging of the ax, and can form an approximate estimate, based upon the experience of other countries, of the arid and ugly desolation which is sure to come if the work of forest destruction is not somehow speedily stopped, and the work of restoration efficiently commenced."[17]

"Not infrequently some settler would have the ague and fever or be otherwise disabled about the time that his few acres of chopping were ready for logging, and upon the produce of those he and his family depended for food for the ensuing year. Clothes could be patched, but the stomach must be fed. Then the neighbors would turn out voluntarily, have a logging-bee, roll into heaps five acres or so of timber in a day, set the piles on fire towards evening when the job was finished, and thus enable the sick or disabled pioneer to get in a crop on the new land. These logging-bees were quite a common occurrence. Eight to ten yoke of oxen and twenty to thirty stalwart men and boys made of ordinary hard work a pastime on such occasions, and when the acres of log heaps were on fire in the evening the light illumined the sky like a great conflagration, and made the dark background of the forest seem all the darker from the contrast. There was more of such cordial and mutual helping each other in the early days than there is now. Of official charity there was none, but of personal assistance, backed by hearty good will, there was a great deal. At the logging-bee the good qualities of human nature found an admirable expression."

"It is a sagacious remark of President Eliot of Harvard that the survival of particular families in the United States—families so strong in character as to give them in some measure a natural leadership in the community—depends upon the maintenance of a home in the country. On its healthy hills the best brain and brawn of a nation are born and nurtured. But the old days cannot be reproduced or their experience repeated. There cannot be another Vermontville. A general characteristic of all its early settlers was their intense individuality. To leave New England, canal it to Buffalo, risk the lake voyage to Detroit, and then ox-team it to Eaton County, was not the work of effeminate men and women. It required real grit and the stiffest backbone. A man who had the stamina to settle in the wilderness of Central Michigan and hew out the surroundings of a new life possessed the qualities of both pioneership and leadership. Every individual Yankee who located there was capable of being a directing spirit in larger enterprises. But the greater opportunities, who then could discern them?

Chicago was little else than a mudhole, and the modern Northwest was not even a dream. Being all leaders, there was a constant locking of horns, and the court of last resort, from which there was no appeal, was the discipline of the church. It was oftener resorted to than the civil tribunal of justice and jury. But if at times they were hot-tempered, they were sincere and just, and they helped to lay the foundations of a great State. Their work is ended. Their influence lives. For the preservation of our institutions their children's children will have more serious problems to solve than did those who assisted in their creation."[17]

"From the planting of the Colony, Vermontville has been fortunate in the character and ability of its physicians. Mingling with the people in times of trial and sickness, of pain and sorrow, birth and death, the good physician is a potent factor in moulding public sentiment and in giving direction to the thoughts of those for whom he is called upon to minister. More than any other class, even the clergyman, he knows the life of the people."[17]

Casualties were not lacking in the Black Hawk War. "He had one of their muskets which they told him was not loaded—but however after having been snapped the third time went off and shot one man through the arm and the other through the fleshy part of the thigh—No bones were broken—And Doctor Winslow believes that they will do well."[17]

A cow bell had been stolen and was identified by two young men who were familiar with the sound and encountered a man offering it for sale. Their testimony convicted him. He claimed he had been "tried at Caesar's Court" and unjustly convicted. He was told that he had been tried at a "branch of that higher court the great Chancellor of whom [*sic*] never makes an erroneous decision and from whose decision there is no appeal." The sentence was that he "should bend over a huge log and that each one of those present should give him a severe blow upon the rotundity of the body with a piece of board four feet long and six inches wide." The sentence was carried out and he was last seen "with tears rolling down his dusky cheeks, started westward over the Indian trail."[17]

"My father by the aid of his hired man was able to get his house in a condition that justified moving into it January 5, 1826, but it was then without doors or windows. A pack of wolves occupied it the night before, dug in the ashes and gnawed the bones left of the workmen's dinner."[17] ("Recollections of Nankin"—M. D. Osband.)

In 1825 "Michigan was not only thought to be but actually was beyond the bounds of civilization. Beyond a narrow strip of ten miles wide bordering the lakes and rivers forming its eastern boundary, civilization did not exist; and the vulgar idea that it was only inhabited by bears, wolves and Indians and infested by rattlesnakes, mosquitoes, and fever and ague, was pretty nearly correct."[17]

In the log house, "suspended by a beam overhead by two hooks hung the trusty, flintlock rifle. Hanging against the south wall, east of the window, were, during the cold season, halves and quarters of venison. Strips nailed to the undersides of the beams overhead . . . in their season were utilized by my mother as a convenient place for drying fruits."[17]

"In about 1832 the tin oven made its first appearance among us. Dr. Adams [He of the lucifer match episode?] was the first to introduce it."[17]

"A custom to which I know no exceptions, was for the host after the company were seated at the table to say to any guest present, 'Now take right hold and help yourself; we use no compliments.' And in accordance with this invitation, each person present dished into the potatoes and meat to suit his own caprice. Sopping was general. Each person, by use of a fork, would sop his bread in the meat or gravy dish, and from thence convey it to his mouth."[17]

"Among my earliest recollections of persons Dr. [Micah] Adams stands prominent. He was our family physician during my childhood and youth, and he was prominent as a neighbor, and a leading member of the Methodist Church. He came to us from Ohio in 1826. . . . In 1830-1831 he taught the first winter school in the Schwarzburg house, at twelve dollars a month, and boarded himself."

"He died in 1859 aged sixty-four and one-half years. Several years before he died he met with an accident to his hip joint which crippled him so badly that from that time he walked only by the aid of crutches. As a physician he maintained a creditable reputation. As a surgeon his skill was not remarkable. As a citizen he was intelligent and honorable. His moral integrity was unquestioned. He seceded from the M. E. Church in the great anti-slavery movement, in 1841, and united with the Wesleyan Church and remained in their communion the rest of his days."[17]

Crevecoeur in "Letters from an American Farmer" describes an apple-paring bee in which about twenty bushels of the product were made ready for drying, tells of the "convivial merriment" following, which was promoted by "our cider" which "affords us that simpler degree of exhilaration with which we are satisfied." Of especial interest from the public health viewpoint are the details given of the apple desiccating process.

"When the scaffold [made from poles, and boards laid close together, and located out of doors] is thus erected the apples are thinly spread over it. They are soon covered with all the bees and wasps and sucking flies of the neighborhood. This accelerates the operation of drying."

Sanitarians who have been engaged in swatting may well give themselves pause and ponder upon whether their energies have been expediently expended. Furthermore, if Crevecoeur's conclusion is correct the Pennsylvanian method of preparation for drying is superior to that formerly in vogue in Michigan—the suspension above the kitchen stove of apple-eighths strung on thread as glass beads are now worn by elderly women. To these only flies had access.

It is of no little interest to read that the pioneers in Pennsylvania used inoculation for the "Spanish staggers" upon cattle affected with this "plague," traceable to a Spanish vessel wrecked on the coast of Carolina in the latter part of the eighteenth century. Crevecoeur does not know the result of this undertaking. Was the malady identical with milk sickness?

"You have often admired our two-horse wagons," writes Crevecoeur. "They are extremely well contrived and executed with a great deal of skill. . . . A well built wagon when loaded will turn in a very few feet more than its length. . . . We can lengthen them as we please and bring home the body of a tree twenty or thirty feet long. We commonly carry with them thirty bushels of wheat and at sixty pounds to the bushel this makes a weight of eighteen hundred pounds with which we can go forty miles a day with two horses. On a Sunday it becomes the family coach. We then take off the common plain sides and fix on it others which are handsomely painted. . . . When the roads are good we easily travel seven miles an hour. . . . I do not know where an American farmer can possibly enjoy more dignity as a father or as a citizen than where he thus carries with him his wife and family, all clad in good homespun clothes."

"The early settlers of Coldwater and vicinity belong to that class of inhabitants that President Andrew Jackson called the 'Independent yeomanry of the country whom gold could neither buy nor awe.'"

The wife of a "noble sturdy farmer" broke her last needle. Her husband had no penny to buy one but "found a large hen's egg which he put in his pocket and started for Coldwater a distance of eight miles." It was at that time the custom to furnish with every sale a drink of whiskey. After receiving the needle from the merchant the farmer remarked that he supposed he was entitled to a drink. "Certainly," said the merchant. "Step and help yourself. He drew a tumbler half-full" and then announced that he never drank whiskey without an egg in it. The merchant obligingly broke the same egg into the glass. "It proved to be a double yolked egg. The farmer swallowed it with great pleasure" and then inquired if it being double-yolked he was not entitled "to two needles instead of one." "Well," said the merchant, 'I think upon reflection, you are.' So he handed him another needle and the men shook hands."[17]

"Reading at first was confined almost wholly to weekly newspapers. There were no magazines and but few books. Dr. Dewey H. Robinson, the village physician [Vermontville] and a graduate of Middlebury College, Vermont, had several volumes, among them some of Sir Walter Scott's novels, and the only long poem of that period which is remembered was Scott's 'Lady of the Lake,' parts of which Dr. Robinson took pleasure in reading aloud as opportunity occurred, to young people. Of the novels, 'Ivanhoe,' with its knights and ladies and tournaments, is the one that made the deepest and most durable impression. A near neighbor, Martin S. Norton, had a copy of Rollin's 'Ancient History,' in large print, and when lying bolstered up in a big cradle about 1845, a frame was fixed to hold the book, and I read it through carefully. Besides the Bible, every family had a few religious books, none of them more attractive to the young reader than

Baxter's 'Saints Rest,' or his 'Call to the Unconverted,' these being the only titles that memory has preserved in its silo for sixty years. Such whig papers as the weekly editions of the *New York Tribune,* the *New York Express,* and the *Albany Journal* were taken and attentively read. Then they were carefully laid away and used to paper the inside walls of the log houses. The only story paper that came to the postoffice was the *Philadelphia Saturday Evening Post,* founded by Benjamin Franklin in 1728, in which, at that time, George Lippard's revolutionary romances, now forgotten, were blood-curdling features."[17]

"In 1840, when the mail route from Marshall to Ionia was established, Doctor Robinson [Dewey H.] was appointed the first postmaster [Vermontville], and his log house was more frequently visited than any other residence in the village. Prior to that year Bellevue was the nearest postoffice. The mail was not large, as the postage on a letter from Vermont was twenty-five cents, and some times raising the quarter of a dollar to pay Uncle Sam for bringing it was a difficult matter. Towards night, of the day the mail arrived from Bellevue, a representative from nearly every family in the village could be met at the postoffice, and everyone knew who had received a message from the old New England home. . . . A weekly mail, when not interrupted by the spring flood of the Thornapple river, with a paper or two for each family and an occasional letter, was the only connection with the outside world, and yet that was vastly better than for the first four years, with the postoffice fourteen miles distant."[17]

Rather than act as hangman of Simmons, who in 1830 while drunk murdered his wife because she refused the cup that inebriates, the sheriff resigned. (There were weak-kneed ones even among the pioneers.) "Ben Woodworth, who kept the Steamboat Hotel, was not so squeamish about serving as Jack Ketch, however, and he volunteered his services."[14] This under the circumstances was outwardly a self-sacrificing thing to do but the suspicion obtrudes itself that Ben was suffering from the pangs of an uncollectable bar bill.

Judge Witherell, in the fall of 1843, tried one Chorr at Ann Arbor for murder. He was convicted and sentenced but, following the usual course of such cases, "made his escape." Michigan Biographies, in the sketch of the Judge, is authority for the statement that "this was the only capital sentence ever pronounced under the law of this State, the death penalty being soon after abrogated."

Is the Michigan sob squad familiar with this bit of history?

The Hardy murder "was enacted [in Augusta Township, Washtenaw County] under the most mysterious auspices. The pioneer settler was returning to his home, and was in the act of placing his horses in the stable, when he fell beneath the blows of an assassin."[13]

Substitute "automobile in the garage" for "horses in the stable" and this reads like a modern instance.

"This was a most diabolical murder [in 1860]. Washburne excelled the Moor of Venice in his brutality."[13]

"Among the sufferings and bitter-sweets of pioneer life were the mosquitoes, fleas and bed bug pests. Millions without number were annoying and sucking the life's blood out of us every night. These flat infernals would get into the cracks and crevices of the pioneer log cabin and nothing but hell fire and brimstone would remove them. We dared not resort to that extreme remedy for fear of burning the castle."[17]

Accounting for the mosquitoes involves no difficulty, likewise the fleas—it is well known that dogs were familiar objects in the Indian camps—but as to the bed bugs, were these indigenous?

"At Bellevue an incident occurred, which was characteristic of that village in pioneer days, and has not been forgotten. Three weeks before we left the land of steady habits, where New England rum was the chief intoxicant, and had arrived in a region where the fiery beverage was Michigan corn whiskey. There were distilleries in all of its southern and sparsely settled counties. Rev. John D. Pierce, a Congregational minister, the State's first, and one of its ablest superintendents of public instruction, had a grist-mill and a distillery at Ceresco, in Calhoun County. In the bar room of the Bellevue hostelry were a number of persons who were drinking occasionally and talking freely. One of the party, referring to a person who was the subject of conversation among the homespun-clad pioneers present, remarked that he was quite a clever man, but had no common sense. A boozy listener, with hair and whiskers unkempt, who was nearly floored in the struggle for existence, picked up the remark, and as if talking to himself, said in a maudlin manner, 'Common shense—common shense—I wonder what that is: I ought to have a good deal of it, as I have never used any, and have got all I ever had.' Evidently he had not learned that, whether it be common sense, or mind and muscle, men do not have and cannot keep what they do not use."[17]

"There being no physician in Benzonia [in 1858] the people were obliged to depend upon their own good common sense and skill as nurses, and were wonderfully successful; but in severe cases, and cases of surgery, help was called from Manistee or Traverse City. Mrs. Neil had prepared herself by some instruction in obstetrics before leaving Sandusky, so she was a great boon to her sisters in their peculiar troubles, and was universally successful. Samuel Metcalf, a young man from Illinois, who was here at school, one day while at work contracted a severe hernia which immediately became strangulated, and no one in the colony was able to reduce it. Dr. Ellis of Manistee was called who at length supposed he had succeeded, but after he left it was discovered that he was mistaken. He was recalled, also Dr. Ashton of Traverse City; an operation was decided on; during the operation the intestine was either cut or ruptured, the orifice being on the outside, the natural discharges were through it. Everyone supposed it must be fatal and we watched him day and night to see him die, but one night nature demonstrated that she was equal to the emergency, and proclaimed that she had effected a cure by the movements becoming natural, to the wonderful surprise and joy of the whole community."[17]

That the pioneers in considerable numbers were at least in certain localities well adjusted to life's vicissitudes is demonstrated by occasional mortality statistics.

Of twenty-three deaths in Shiawassee County reported to the Michigan Pioneer and Historical Society at the annual meeting in 1901, six were of those above seventy years of age; six were above eighty; one above ninety, and one who reached the extreme age of one hundred three.[17]

"The first settler in the southeastern corner near Bendon Station [Benzie County] was an Irishman, named Murphy. He was digging a well and had gone down about forty feet when it showed signs of caving in upon him. His wife, who was watching the proceedings, exclaimed with vigor: 'Faith and be jabers if it *should* come on ye you'd hould your homestead *sure.*' "[17]

"That same spring a new doctor with his family came to Charlotte and Bailey employed him in his family. When his corn was ripe the doctor wanted Bailey to take a hog he had received for doctor's fees, that had been fatted in part on beechnuts and fat it on corn, then kill and dress it for half. Bailey consented, told him to bring the hog out next day, and he would have a place ready. When the hog came he put it in the pen, fed it corn that night and next morning, then killed and dressed it, and took the doctor his half, saying it was fat enough for his own use, and he thought for the doctor's too. The doctor was angry but could do nothing but make the best of it, and said afterwards, that the story, circulated all over the country, gave him such a reputation that he had no lack of patronage, and helped him more than anything else."[17] ("A Boy's Story of Pioneer's Life"—Theodore C. Potter.)

"I judge from all the signs that there will be another 'cholera' epidemic this year. We have been most of the winter without snow and mostly warm and pleasant."[17] (Letter from Mrs. Thomas J. Drake of Pontiac to Mrs. Julia Smith, March 4, 1850.)

"I had Dr. Wilson up and was leeched about a fortnight since. He did not come the day he promised and as Mrs. Taylor could not come the day he was here, Hattie was all alone but she did finely. The leeches took hold immediately and drew splendidly and he was through in an hour and a half. After dinner he went to a political meeting but came back to tea to see how I got along.

"I have been very much better for the leeching, nothing else relieves me, but of course each leeching leaves me weaker.

"I have a few sweet meats for the winter. Pears are scarce. Plums $4.00 a bushel."[17] (Mrs. Drake to Mrs. Smith, August 5, 1856.)

"I went yesterday with Mr. Drake and Dr. Wilson to see the new church, it is beautiful. The Dr. is enchanted, says it is worth all the expense." (Mrs. Drake to Mrs. Smith, September 1, 1856.)

"Mrs. Meredith, sister of Mr. Edmund Brush, [well known in Detroit] took a fancy to me. We lived next to the Biddle house and next to them on the other side. They kept a coach and a coachman, though they usually walked and rode when they wished to. She often took me with her, and we once went to the ruins of the old bridge where the great battle was fought between the English and the savages. The slaughter was so great the stream was called the Bloody Run. It flows through Elmwood cemetery, and the black, rich earth darkens the water and it still bears the name."[17] ("Reminiscenses of Detroit"—Mrs. Julia Talbot Smith.)

By the pioneers of Vermontville, as elsewhere among their contemporaries and successors, "brotherly love" in the relation of one to another of members of Christian Churches was evidently regarded a purely formal expression and not to be taken with undue seriousness. "Citations and trials for unbrotherly remarks and conduct were of frequent occurrence" and doctors were not immune.

"3d.—Charges him with a lie in a statement made to Br's Browning and Norton respecting Doct. Robinson's father, and his, Doct. Robinson's two uncles."

"4th.—Charges him with making a statement in the presence of Doct. Robinson, Br. Norton, and his son, respecting his wife's feelings concerning a certain piece of property—and afterwards denying statement."[17]

How the Press, that moulder of public opinion, could have ironed out a neighborhood difficulty such as the above, but that eminent cultural medium was denied the pioneers. It seems to have been the one thing needful and how they survived its absence will always be the source of amazed speculation. With that modesty which characterizes editorial expression, Wm. E. Quinby writes that "the noblest profession on earth is that of editor."

That's that—and no room is left at the top unless the upper rung of the ladder should collapse with the present occupants. The surprising part of it is that the veteran journalist did not add "and the most useful."

If an anecdote which appeared in the June, 1928, issue of the *Journal of the Michigan State Medical Society* is an indication, the present day opinion is somewhat different:

A gentleman was walking down the street with a little boy at his side, when the boy cried out: "Oh, pa! there goes an editor!"

"Hush, hush," said the father. "Don't make sport of the poor man, God only knows what you may come to yourself some day."

"Among the very early settlers [1820-1830] on Nottawa prairie was James B. Dunkin and .... They were Virginians, and with more than usual means for early settlers, and Dr. James B. soon made good improvements and raised grain to spare when the settlers in Leonidas and on the Reserve came in. It was oftentimes very hard for them to get enough to eat, and oftentimes without money to buy with. At a time of great difficulty to procure supplies, application was made to the doctor for some of his grain, and he asked the person applying, 'Have you money to buy with?' The man's answer was 'Yes, sir, I have the means to pay for what I need.' 'Then,' said Neighbor Dunkin, 'I cannot let you have any, for you can get it elsewhere. I am going to keep what I have got for those that have no money to buy with, and they will pay me in work when I want it, or when they can earn it. Their families must have it.' "[17]

This is evidently a favorite among stories of the pioneers. It is told also of Captain Lowry of Washtenaw County, the article of commerce or philanthropy being flour.[13]

"Joseph Tuckar died on a desolate island in the upper lake region some time after his arrival here and must be considered the first white man known to the Indians of the Huron who deceased."[12] [*Sic.*]

Whether his death was from natural causes or whether the Indians "deceased" him is not recorded.

Mr. Allen built a log hotel on the site of the present Gregory House, Ann Arbor, 1881. It was on the corner of Main and Huron Streets; was painted blood red and the site was called "Bloody Corners." This was in 1825. Mrs. Allen, when she "came on," found it occupied by twenty families. Blankets were the only partitions. She was "surprised."[13]

As Mrs. Allen's name was Ann and Mrs. Rumsey's name was Mary Ann they agreed to take the Ann from their names and put the Arbor to it.[13]

"It was a tedious voyage [on Lake Erie in 1824]; the lake was very rough most of the time, and I thought if we were only on land again I should be satisfied, if it was a wilderness. I could not then realize what it would be to live without a comfortable home through the winter, but sad experience afterward taught me a lesson not to be forgotten."

"Of all noises I think the howling of wolves and the yelling of Indians the most fearful . . . I had the greatest terror of the Indians . . . there would be two or three of our dusky neighbors peeping in to see what was there. It would always give me a start. I could not suppress a scream to which they would reply with 'Ugh' and a hearty laugh. They knew I was afraid and they liked to torment me."

The foregoing extracts are from "Reminiscences" of Mrs. Harriet L. Noble, published in the History of Washtenaw County—1881.

"About the same period [1825], Elkanah Pratt better known as Dr. Pratt met John Dikenson in the forest and claimed him as a neighbor . . . Who is the first *bona fide* settler? [Of Salem] . . . Now, however, it is conceded" that Dr. Pratt was "preceded by a few days" by the Dickensons.[13]

Of course—"Honor belongs" elsewhere.

"The minister prepared for bed, took off his wig (although quite a young man), and hung it on the bed post." Rising early Mr. B. was frightened by the sight of the wig and called out "Indians, Indians," thinking the minister had been scalped.[16]

A "protracted meeting" took place in Dixboro, Washtenaw County, in

1858 as a result of which a "most commodious" church, costing about $2,200, was erected. One of the parish who had taken a "lively interest" in the "edifice" failed to see its completion, "disease taking hold of her vitals."

Dixboro had a "ghost" in 1845. The story of it is full of creeps and thrills.[13]

A Pioneer's Experiences

To the writer, not the least fascinating feature connected with this enterprise has been the joy of reviewing "A Pioneer History of the Township of Grand Blanc" by Alvah Brainerd. It came into possession of the Committee through the courtesy of Dr. Wells C. Reid of the Goodrich General Hospital, whose great-grandfather's family are mentioned in the story. The publication is in pamphlet form for limited circulation and has never appeared in any of the pioneer collections of the county or elsewhere.

The major difficulty in reviewing lies in the infinite charm of the manuscript in its totality; and in the omission of any considerable part. Its naiveté, quaint syntax, and individualistic orthography, its faithful descriptions, humorous treatment of disagreeable experiences with intermingled pathos and piety give it a strong appeal. Withal it has distinct medical interest, and one is loth to abbreviate it. "If I should be romantic," quoth the author in the "Introduction," "excuse me, for that has always been one of my foibles, though truth is to be observed in full."

I have disturbed the author's arrangement in the interest of condensation, and, regrettably, at the expense of piquancy. The introduction of headings is also an innovation for which apology is made to the shades of this worthy pioneer.

His Youth

He was born in "York State," and at the age of twenty-three "chose a partner for life." He didn't fancy "the farming business," and worked at this chiefly during harvest, when he "would turn in and help father." By "working out" in the joiner trade he had "laid up a small sum of means," and with this came the idea of obtaining land. To this end he would be obliged to go west where "it could be had cheap." There were misgivings, naturally. "To think of going into the woods, when you are in a small town with life and bustle and pleasant for the eye, but there was no alternative but to go. I introduced the subject to father, and one of my sisters had just married; we were a coming together. Oh, the affections of parents for the welfare of their children. Father thought the subject over for a short time, then answers us in this wise, 'Children, you see me and your mother here, and we are now quite advanced in years. It is affecting to us to have you leave us and go into the woods, from us. I propose to sell out and go with you, if you will promise to settle down by us and stay by us whilst we live.' What child would not be touched to have sacrifice like this made for them by their parents."

The Journey

"We had to lay in for provisions for our journey." Arriving at Buffalo they found but one boat for Detroit to go that day. This had been "condemned as unsafe." They must wait, furthermore, for the subsidence of the wind. They got their goods on board, and "toward sundown word came for us to come on board for it was going to start." They were carried to it in a skiff which, they found on entering, contained "a dead man upon his back which they had just picked up out of the water drowned. What a dampness this put upon the women and children." The "waves were running high, and knowing the boats qualities, our quarters were down below in the hold among many Swiss emigrants with heat and scent." The boat "tossed to and fro so bad that it was almost impossible to walk without help (now for a time); now, under circumstances, sea sick, and most all below in a filthy condition, and no decency among the old country people too. I got mother upon deck for she thought she would die, and there we stayed until at Detroit."

L'Envoi

"The boat on returning back to Buffalo went under and has not been seen since (one glad one for that) no loss of life, no lady to save. The horses were sea sick too—so good bye boat."

"In eighteen hundred and thirty-two
There we were landed in Detroit City.
All anxious as others ought to do
And now mother we began to pity
As she is sick and discouraged too
But now we must move on
What else, or otherwise can we do?
We all commence to start as one."

Moving On

"Well here we are"—at the next house to entertain—and "our appetites reminded us of a halt," but supplies were short, and after consultation we "came to the conclusion to eat what provisions we had. We sat in a wagon, and got some hot water and made tea in a tin cup, and eat our bread with quince sauce spread upon it."

Mother must have been somewhat facetious. She "remarked at this time, that this was the country that flowed with milk and honey, having a few discouragements on her mind," but "not being willing to look back" they started on "after refreshing [our] natures and horses."

They Visit

"When we arrived at our friends home our appetites had also. After supper, then came the time to visit and our minds retain that meeting yet. Some lady may ask what did you have for supper? Some venison, potatoes, bread and butter, the latter having a peculiar taste from the cows running in the woods and what they eat. In the spring the cows eat wild onions and leeks."

The present writer is in accord with the laconic observation, "Not a pleasant flavor." All too frequently "leeky butter," strong enough to walk in unsupported, was in his boyhood an item in the household menu. Nevertheless, the pioneers were frequently "happy and contented people," although like the Macomb County friends they had houses "built of logs with loose floors and no carpets."

The Pilgrimage Continued

Vicissitudes and difficulties in transportation beset them on the journey to Grumlaw (Oakland County—later [1835] Grand Blanc, Genesee County). "Whilst the men waded in and unharnessed the horses and got them out, then after tugging and pulling and planning the wagon also was gotten upon harder ground, the horses hitched on once more (and some may think that by this time our feet and clothes had got soiled some—that is what we thought at the time). We moved very slow, sometimes moody then again cheerful."

"After traveling one mile we came to Silas Smith's house in the woods, excepting a small opening. Mrs. Tupper (who was mounted on a horse and persuing them as fast as possible) was a short distance behind us, and when she came to Mrs. Smith's house, Mrs. Smith called to Mrs. Tupper (they being neighbors and acquainted, only about one and a half miles apart). Mrs. Smith wanted to know if we were the Brainerd family as we had just passed, and was expected. Mrs. Tupper turned to answer and lost her balance and fell from the horse but without any hurt. Soon after she overtook us, and then we began to learn how our friends in Grumlaw were, and as the addage is 'Misery likes company,'—the time and distance seemed shortened. We had now arrived at our journey's end. Old Mrs. Tupper was looking for us, and when we drove up to the door, if it had not been for lightning, I should have said she flew, for if her hands had been wings she would surely have gone. There is joy and gladness in meeting with our friends under pioneer life and its accompanyments. Those happy greetings are not forgotten though now most of the friends are dead and gone to their graves."

Neighborhood Acquaintance

The "men folks ventured out to make calls and be introduced to the citizens" and conversation was evidently lively. "The boys commenced on bear, wolf, and deer stories, and some had seen the massasauger snake."

They "sauntered around a little, and if by chance we saw a deer our gun was not thought of until after he was gone, or if the gun was thought of, we could not see the gun and the deer at the same time. It was not like the fever and ague, but more like the tremens, being very nervous and seeing many things and thinking they are ours, but when the smoke of the gun is gone so is the deer and all of our anticipation." At a later period shooting was more accurate. "We walked up to the tree and took aim at his eyes and both fired at one time, and down came the bear perfectly harmless, with two ball holes in his head."

Land Looking

Father having gone out to a little town called Rochester to purchase land of Judge Riggs found sons having claims for labor. They wouldn't sign off and the deal was abandoned. "The next look was at the city of Flint," and there were negotiations with Mr. John Todd which also came to naught. The latter's house "was, or would be, if standing now, rather romantic—amidst the depot grounds."

"Our next look was successful." Mr. Tupper showed them some nice land "in north." They found what they were "in pursuit of" and "having satisfied themselves measurably of all its qualities" the party returned home. "A few days after I invited my wife and some others to accompany me to see the place I had selected as mine."

They crossed the Thread on driftwood and logs and, "on foot remember," passed through a dense forest and eventually came to the location. In response to the question, "How does this look for a home," the wife, "after surveying the woods and looking for the tops of the trees," gave answer, "All right, this will be nice." They then "returned back, reflecting that this decision was more precious than gold . . . Circumstances have favored us and we are alive yet" [1878].

House Building

"A frame house was a novelty to the citizens of this place."

It is possible also that envy was associated therewith and in view of certain circumstances connected with the "raising," that criticism, questioning and resentfulness were also present. The understanding that it was to be "raised without whiskey" could scarcely have been general, or was intentionally ignored. At all events preparations were made somewhat hastily to "have the frame up before the whiskey and those with it would arrive." This was accomplished and the "liquor was not taken out of the sleigh" of the tardy ones. "So you see it was a temperance raising after all."

The subtle expedient was adopted, so it is indicated in a colloquy, of asking us "to your raising in the P. M. and then raise in the A. M." Someone remarked of this, "You did smart," to which the wife retorted, "Yes, Mr. ...., you did not have a chance to take your jug out of your sleigh, did you?" This, "all cheerfully said," was scarcely mollifying to a hard-boiled pioneer, and perhaps little mitigated by the promise of "plenty to eat."

The chimney was made by the use of clay and sticks. When the latter were laid the builder "plastered it all over with clay using [my] hands for a trowel which makes it look nice if not smooth." The chimney "is large at the bottom and smaller at the top but so large that dense smoke can ascend it if it should happen to take that course, but if not

> My Dear, now what is the matter
> Your eyes are red, and how they water.
> Oh, dear me, it is so hard and perplexing
> And I must say it is truly vexing."

The Owl and the Tete-a-tete

"At times after we had passed to a land of quietness and rest by sleep, one of those largest owls would light upon the top of the house, and there chant some of his harsh solos or laughing tunes which would awaken and frighten us at first. After a second thought I would take down the gun and go out and salute him with it, which appeared to satisfy him for the time being."

> "The bird that sings cuckoo
> Is not the bird that lisps hoo hoo
> Upon the house or tree top
> He wants the chicken for his crop."

"The incidents we passed made us often take a long tête-à-tête, but morning found us always ready again for labor."

After the Indians departed (*see* Chapter II), "we would perhaps fall asleep again to be awakened by the wolf's midnight cry, which has as many sounds as a piano, only harsher in tones. Morning arrived and all is well."

Live Stock

"How did you feel about that time?" the pioneer was asked. To which came the reply, "I should say as Alexander Selkirk did at a certain time, when he said he was 'Monarch of all he surveyed' and my right there was none to dispute, but I was not lord of the fowl and the brute for I had none yet."

Some time later he reached definitely the Selkirk class. He possessed four cows [one black], four sheep, three or four fowls, and the wife, a kitten. They "now began to feel as lords of the fowl and the brute."

The hogs still later acquired "could run or jump, or slide through a fence and dig deep." He has seen them "perform wonders." On entering the pen "knife in hand, perhaps they would jump out and run, and you after them, yes, and the dog too. Probably you might overtake them after one or two miles chase, and then it would be venturesome to attack them. At this time they would look terrible and savage."

If no other lesson to the medical ruralist is derivable from this, one at least is obvious. Beware of acorns and soft corn in fattening swine.—

> "Haw, haw, he, he, he, yes, laugh outright
> To see the pranks they could perform
> After eating the acorns they could bite
> Don't make a shadow yet after eating soft corn."

Venison and Pork and Partridges

Although the floor-boards clattered, and the faster the wife walked "and as the woman would sing too, the sound thereof might be heard——

I won't venture to guess how far. Yet the deer seemed not to fear, but would come out in sight and close to the house and eat potato peelings which the wife had thrown there to feed them, as we had nothing else to give them to."

"I took down my gun and started out bareheaded. After entering the woods I saw a nice deer standing on three feet ready to jump at any moment. I fired at him and hit him—he ran a short distance and fell down dead . . . We drew him out of the woods . . . It was the first one I had killed and got. Did not we have a gay time over our meat and berries."

John Tupper was sent to Detroit for pork. "One barrel had several heads of hogs in it and in another the pork was not as pleasant as we wished for, but we divided it up equally among us. No remarks to be made."

Pork should be pleasant.

"One day three deer came close to the house and were eating potato parings that had been thrown out." One of them that he shot fell down and bleated hard which caused his wife to "turn from the sight." A tribute to her distinctly. "So you see we used to slaughter in the country at an early day and when we wanted chicken pie I could kill a few partridges in a short time and nearby."

OTHER FOOD SUPPLIES

"Ladies, let me tell you about a potato mince pie that my wife made about this time. Some person had told her about it, and said it was quite a substitute for apples, and she tried it. Someone may ask how did it answer for a substitute? Our minds are as follows:

"The like I never saw before
A potato mince pie to behold
Nor do I want to any more
Piping hot or frozen cold.

"It has a natural pie look
As far as eye can see
But sorely disappoints the cook
And it can't be eat for tea.

"The recipt for making this pie
If anyone inquireth
Has long since been laid by
Gone where the woodbine twineth."

However, "all through the summer season we had a great plenty of wild fruit; strawberries, plums, whortleberries, blackberries, cranberries, and nuts of many kinds. I got a pig in the spring, and at this time he looks somewhat like a hog."

"By this time, fall of 1833, we had a spot cleared to set out an orchard on." Father had purchased from a "badly culled" nursery of trees near Detroit, some apple trees. Came the division. "Mother's plea was, that she was old, and wanted the privilege of making a choice out of them first, which was granted to her of course."

Age hath its compensations as the writer of this review finds daily occasion to verify.

"God made these provisions for man while he is clearing the earth to raise his food. This winter I commence preparations for making sugar."

Light and Slut

"Through the winter deer tallow and coon oil made light when the moon did not. The oil or soft grease was burned in an old saucer or some other small dish by tying a small piece of factory cloth around a button, then putting the part the button was in into the grease, and then setting the upper end on fire. The name of this light was called a slut." *Pourquoi?*

Industry—Indoors

"Our sheep ran in the woods days and had to be yarded at night—the consequence was that the brush had pulled out some of their wool and made them look rough and they lost considerable. I then learned more of the nature of sheep, they are wonderful, attractive and kind." The black wool "we used for socks or made it gray by putting in one black thread and one white together—the white was for the women's wear. I then made her [the wife] a great wheel to spin it into yarn—the first one made in the country; the head we brought with us. I had a turning lathe made before this, and had made a few chairs and bedsteads. When the wife commenced to spin what music the wheel makes, and how cheerful she feels singing and walking back and forth all day long."

"Hark! It is the sound of the pioneer's lot
And the voice of the wife that is cheerful
Although it is woods all around our cot
And the yarn is new and strong and needful."

"This fall I built a shop to work in nights and stormy days. I had black walnut lumber sawed, and as I had a turning lathe, I had plenty of calls for work. Some wanted a table made, others chairs, another a bedstead, or a pail or a churn. Mr. .... said, 'Can't you make me a pork barrel?' 'I will try.' "

Cultural Projects

"We begin to talk relative to building a school house. Of course there is not any objection to an enterprise so needed for the children although there were not many children at that time or many families. I had no children at this time but the future is to be looked after—it was decided to build."

They built "a nice log house" with "walls and corners plumb," and a "good strong battened door." It was shingled with red oak "and here it stands." There was a box stove from Detroit, but no tower or place for a bell. "It was for a church, too, and there the heart of man has been made to rejoice." It was "not built by tax, but by benevolence."

No one can question the above statement from the generous promoter, who "paid one third of the cost of the building."

Writes the pioneer, "Young people do you ever think of the contrast of the privileges you have, and those possessed by the young folks from twenty-five to forty-five years back."

And this was in '78—a half-century ago.

Amusements and Diversions

"July 4th, 1833, was a notable day in the wilds of Genesee County—not as the journeyings of the ancient people, but for the assembling of the people to celebrate the day at the sound of a violin in a dance. One of my brothers, Eli, and lady, with six other gentlemen and ladies, met at a house, or afterwards a tavern, in the now city corporation of Flint, near Thread mills, known as the old brewery house . . . In the course of the evening a thunder shower came up. The flashes of lightning were very sharp, the thunder heavy and the rain plenteous. The fiddler was a German Dutchman, upon whom the effect was such that he had to stop playing, it put him out so. One can see in this some semblance to the present style of July gatherings to celebrate the fourth. Music, flashes of lightning, the burning of powder, the thunder, the report of cannon, the rain, we will add for the quenching of all animosities (this was the first fourth held in Genesee County)."

"We left off with some description of the usual preliminaries to a visit to a neighbors, and will now give a short sketch of the customary experience during the journey. I shoulder the child and we start for the neighbors house. After a few minutes travel, the woman shrieks out—she has caught a brush in her face and hair which made a scratch upon her face, and the blood runs a little. The next thing, I catch my foot in some brush and come near falling headlong, baby and all. Another scream and run—O! what a large snake it is—a massasaugar. Take the child and let me kill it. A little farther on we are stopped by a pond of water—we go around it and pass on. The journey is diversified, by listening to the little birds in their songs, brushing off musquitoes, and scaring out the little rabbits from under the logs. I see the house—take courage, we have gained the haven. When we got there, the women had not got to making clothing out of fig leaves yet, but were found altering over some old clothes for future use. I say nothing of their conversation at this time but leave you to judge at such a time, it was a pleasant day—had no shower, and all passed off pleasant. At last I suggested it was time for us to return home again, for the cows were in the woods and would have to be looked up to be milked. After surmounting many difficulties we got home and found the cows at home already before us, the musquitoes had driven them in and they were waiting for us to build a smoke for them to stand in, to disappoint the backbiting creatures. Sometimes things work for good to those who have been visiting and sleep is good for the weary."

"Strawberries began to ripen and I sauntered around not far from my house to pick some. Soon I saw two large black snakes crawl into a hollow log. I dug them out and behold there was three of them, one spotted milk snake and the two black ones—I killed the three, and then peeled some bark and tied them head and tail, and then drew them to the house to let wife see the wonderful snake. The spotted one I placed in the middle, and the black ones on each end, measuring in all fifteen feet four inches in length, circumference six inches . . . The story is not mixed but the snakes were. I do not recollect her words of surprise but there were some."

And this from one who assures his readers that "truth is to be observed in full."

In the spring of the year (following the building of the schoolhouse) "the frogs would be very noisy and sometimes disturb the pleasure of the school Miss, when she would tell the A. B. C. class they might go out for recess and plague the frogs. That would please them much—and that was all they wanted, liberty—and so in fact it is with older ones."

MORTALITY AND MINISTRATIONS

Further down the river was "another very coarse log house, about on the spot where the Baptist church first stood." It was "in this shanty Mrs. Esther Green died—the first white woman that died in this county [Genesee], in 1830."

"Something new with us as a neighborhood is to take place—Mr. Davison of Atlas is called upon to make two one, the happy couple being Mr. Amasa Short and Miss Sally Reid, all of Grand Blanc. A general invitation was extended to us all in the vicinity to attend and soon after the bride sickened and died, and Mr. Short has long since gone to the gold diggins."

"This year [1834] has been a year of pain and sorrow for the pioneer in these parts of Michigan . . . the cutting down of timber and clearing it away seemed as though it caused a good deal of sickness . . . the sap in the timber soured and smelt offensive in hot days—I think caused a great deal of sickness such as fever and ague and chill fever and a number died of fever this fall . . . God in his mercy to me spared in health so that I in duty to my fellow neighbors had to attend to them which was a trying task, almost night and day, in assisting for their comfort, encouraging them to look for better days and trying to make their pillows easier for the sick heads—and those whose prospects were short for life, by helping to look away to One that had promised all such as would come unto Him eternal life. One young man and his wife died—the man in the morning and the woman in the evening of the same day—they left no family. I was with them and closed their eyes in death."

"Mrs. Beebe about this time had a stroke of paralysis and she said 'All is well after death'—that being her views then. I had to leave and go home after praying with them . . . When I returned again towards night I found Mrs. Beebe speechless and one side of her paralysed . . . She took my hand and placed it upon her heart—that was all the answer she gave me. It was on my mind that the heart was not right in the sight of God, although it might have been otherwise."

"In October, 1834, family by the name of Reid, from New York State, moved in to Grand Blanc, with one of their daughters, who had been married the fall before. On their way here they had been exposed to the cholera, and soon after getting here, they were all sick with it. Oh! what a time it was, there in the woods, with but a few inhabitants, and so many sick of such a nature too. Soon the daughter was taken down, which made four of them sick in one house at a time. We neighbors, men and women, had to take turns to take care of the sick, it being of such a nature—it was of fear and of heart feelings and sorrow that none but the eye-witness can portray. When we were away it was a dread to think of returning again. The women said: 'Oh! how can I return to that sorrowful place again.' But as the time arrives to go, all fear is gone, and duty prevails over all to go to the place of sorrow without a murmur. Soon the mother died, and all we could do for her was to roll her up in a cloth, make a rough box and put her in immediately, and nail down the lid, then start with it for to bury, without any ceremony, and a few men to bury her—the body being in such a disgusting condition, and disagreeable, and danger of falling to pieces after death. The next victim to death was the son, the box being prepared before hand—and as soon as he was pronounced dead, he was put into the box and carried away to the grave and buried. The father seemed to get better. Oh! alas! a sorrowful episode followed these sad events. One of our near and respected neighbors, a daughter of the father and mother which moved into their house sickened and died—Mrs. Short. She was taken sick of the same complaint and was very low when her mother died. She was in the prime of life, and bid fair for a long life—but nature that is so often exposed to all the ills of life, has to yield, and pass away, leaving friends with broken hearts and neighbors sorrowful, and lamentings their company's loss. We had anticipated so much on future association together, we had almost forgotten that sickness and death could find the pioneer. Mrs. Short soon died, and oh! what a time followed. It is a heart-rending scene to some of us yet, that were present at this time. A few of the neighboring men came in and took a sheet and bound her up tight, having the box ready-made, placed her in it and nailed down the lid. She had no roses placed upon her, not even her dishevelled hair cared for, not but a few to look upon her face, which was once beautiful and comely, but now by death and disease horrid and disgusting—the husband the only principal to shed tears. As it being in the forepart of the evening, and having to go one and a half miles to bury her, mostly all through the woods, we took some barks to make torch a light, set them on fire, and then took up the box and started for the place of burial, without mourners or preachers—but kind neighbors. In writing this, it brings back those pioneer trials afresh to our minds. Soon after the father relapsed and died also, and now their bones have been removed and buried in the Evergreen Cemetery in

Grand Blanc, having a monument erected, to their memory, and in as pleasant location as there is in the yard."

"Reader, come with me, and let us pause and look,
And see one of our neighbor's wife assisting sick friends;
The neighbors have fears and almost them all forsook
Her abode—but the pioneer he does faithfully attend.

And, after all, must she go along with her mother,
Having to fall a sacrifice to death by her faithful care
Over her beloved friends, father, mother, and dear brother;
God calls on us under many ways, this life to depart and be there."

THE DOCTOR

"John W. King was our practicing physician. I have been in his practice in many places. He gave general satisfaction, and I felt at home with him on all occasions. I saw a statement made by Dr. Fish at the funeral of John W. King, respecting his pioneer ride. I have been an eye witness to his rides. Many hours we have passed together among the sick and afflicted. It may not be out of place here to mention an incident happening to the Doctor, although a few years later, for which mention I hope to be excused. It was in this wise: One day, in midsummer, on Sunday, the Doctor was passing my house, going east a couple of miles to see a patient, on horse back—his only mode of conveyance at the time—letting the lines to the horses bridle hang loose upon the horses back, while the doctor was perusing a small tract or book in his hand, at this time. Just after passing my house, there was a pond of water in the road, and in it the swine were lying to cool off, and as the horse took his own course he did not avoid the pond of water. When coming upon the swine, they jumped up and hooted in their way. You remember I told you before how they looked—which made the horse jump or leap sideways. The Doctor jumped down in the midst of the water and mud. The consequence was the Doctor had to turn and come into my house and have his clothes washed off, then stay until dry, for he said it was his best. After a few years more our roads would admit of a coarse temporary sulkey, or the forward wheels of a light wagon made into a sulkey. Doctors in those days had to take trade for pay of his would-be-pay-masters. Doctor King had one foible, as well as many others had at that day—he liked fried cakes sopped in maple syrup. I have said this much of the Doctor because he was considered a necessary pioneer with us."

Thus the sweet close of the "Experiences."

Capt. Abel F. Fitch "under confinement until his death, charged with being one of the leaders among the persons then on trial in the 'railroad conspiracy' case" against a "treacherous corporation of the olden time" writes under date of May 6, 1851,—"Court sits here next week, when some of us will have our trials. We are very uncomfortably situated, but try to get along as well as we can. It comes very hard for Dr. Moulton. Dany was here yesterday."[11]

The railroads were powerful factors in public life in those days.

The earnings of Dr. Hosea Stanton Burr's wife, who taught "two sons of Mr. Dearin," whom the present writer knew in Lansing, "were more considerable for some time . . . than those of the doctor, for while he only had running accounts, Mrs. Burr received ready money for her services, and when she had accumulated twenty or thirty dollars it seemed like a very large sum."[9]

"It is a pleasure to write the history of such a state" which "stands the real queen of the utilitarian world." Contrast this with "histories of European countries cob-webbed with intrigue, blackened with iniquity and saturated with blood."[13]

This was in 1881 and nothing has been lost in the intervening near-half-century. Beatific conditions still pervade the entire political and social structure.

A "pioneer prediction in 1839" reads:

"The situation of our Confederation washed by 6000 miles of sea, stretching through many degrees of latitude and longitude, watered by numerous navigable rivers, with a population of 18,000,000 scattered over every part of its surface, from the lakes of liquid silver on the north to the Gulf of Mexico on the south, and from the ice-bound current of the Kennebeck [*sic*] to the rapid streams of California, all protected from tyranny by the strong arms of the tree of liberty, exhibit a scene of grandeur which ancient Rome in all her splendor might envy."[13]

"The prediction of the pioneer has been literally fulfilled, his brightest day-dreams surpassed," adds the historian.

The eloquent prediction is recommended to luncheon clubs of 1929 where patriotism is best preserved. There's a lot more of it and it is inspirational reading—"What caused the overthrow of those time-honored and brilliant republics?" [Greece and Rome and "modern France"]. "The answer is to be found in the ignorance of the people."

Under the circumstances to call attention to the word "Confederation" may seem supererogatory, nay invidious; in all probability the prophet was a Democrat.

TRAVELS

If you, like others who are like you, like transportation—if you don't there's at least another in your class—you will be interested to learn that in 1846 one could board "a public conveyance" leaving the "Railroad Hotel Military Square, Detroit," any Tuesday, Thursday, or Saturday at 7 o'clock A. M., and go "through to Howell same day."

The above is from an advertisement in "Directory of the City of Detroit and Register of Michigan for the year 1846" and is reproduced here with apologies to Mr. James H. Wellings, who has "Copyright Secured."

The plank road over which these public conveyances were drawn, was eventually extended from Howell to Lansing. For the illumination of the minds of the immature it is expedient to add that a plank road was a road having planks for a bed, these laid on the surface of undrained ground, and in as near juxtaposition as practicable. This is perhaps sufficient explanation. Readers of this history will not want to ride far in the stage, anyhow.

It is presumable that the pioneers preferred other forms of transportation where available, and the same publication offers this lure:

> CENTRAL RAILROAD
>
> A passenger train will leave Detroit daily at 8 o'clock A. M. and arrive at Kalamazoo at 6 P. M. same day.
>
> By this route the traveller passes through the second tier of counties containing the following beautiful villages [Ypsilanti, Ann Arbor, and others enumerated] arriving at Kalamazoo, 146 miles, in 10 hours; thence by B. Humphrey and Co.'s line of Post Coaches to St. Joseph, 56 miles in 12 hours, and thence by Capt. Ward's boat *Champion,* built expressly for this route to Chicago, 70 miles in 5 hours, weather permitting. Making 270 miles in about 30 hours to and from Detroit and Chicago.
>
> On the arrival of the western mail train, stages will be in readiness at all the important villages to take passengers to their destination from Battle Creek to Grand Rapids and from Kalamazoo into the interior of Indiana.
>
> JOHN F. PORTER, Act'g Com., Internal Improvement Office.
>
> May 25, 1846.

Or if he desired to risk a reputation and go to Pontiac, the traveller could make the journey on the Pontiac and Detroit Railroad, "opened to the public the Fourth of July, 1843," leaving any day but Sunday at 8 A. M. The round trip cost two dollars.

Query: What else was "opened" to the public on that auspicious occasion?

In passing, this Directory is of no little interest to one who believes in the diversification of employment, and is mal-adjusted to present day mass methods. Almost every conceivable vocation is there mentioned. "Master Mariner" among others—there were several of these—intrigued the writer.

Caution! The W. C. T. U. should curb curiosity and refrain from investigation. Its members would be saddened. There was even one Mrs. M——— who kept a thirst emporium. But why continue?

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Chapter VI

William Beaumont, M.D.
Michigan's Significant Contribution to the World's Medical History

A Symposium

CHAPTER VI

William Beaumont, M.D.

Michigan's Significant Contribution to the World's Medical History

By J. H. Dempster, B.A., M.D., Detroit, Michigan

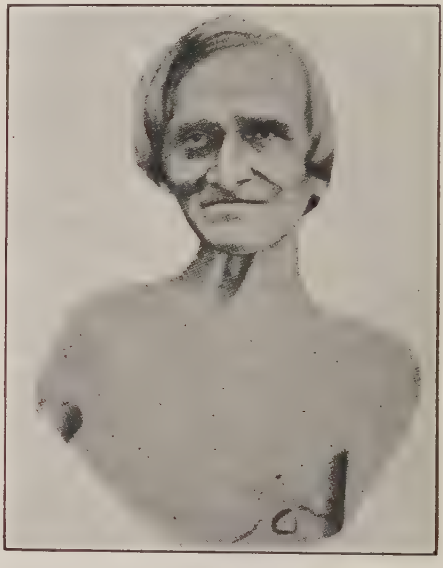
OF IMPERISHABLE and outstanding importance in the history of science is the work of Michigan's pioneer in medical research, William Beaumont, a surgeon in the United States Army, stationed at Mackinac Island. Many a one has gone on his way through life, seeing but not perceiving; many have observed, intelligently perceived and rested content with the acquisition of facts or fundamental grounds for theorizing. A few have seen, perceived, studied diligently, weighed, pondered, analyzed and recorded. Of these was Beaumont. This back-woods physiologist made a discovery through patient observation that ranks with the work of Harvey or of Claude Bernard. The story has been told in brief in almost every text book on Physiology since Beaumont's time.

Late in the spring of 1822 occurred the event which made the name of William Beaumont famous in the annals of medicine. Indians and voyageurs had returned to Mackinac with the results of the winter's hunting. A strange medley of humanity had gathered at the American Fur Company's trading post. On the sixth of June a gun was accidentally discharged, its contents entering the upper abdomen of a young voyageur, leaving a cavity which would have admitted a man's fist. According to an eye-witness Alexis St. Martin, for that was his name, fell, as every one supposed, dead. Dr. Beaumont, surgeon of the fort, was called, and arrived shortly after the accident. Shot and pieces of clothing were extracted and the wound dressed. The surgeon then left with the remark that the man couldn't live thirty-six hours, but called again in two or three hours and found the patient better than he had anticipated. The patient was removed to the fort hospital where he eventually recovered, leaving, however, a permanent gastric fistula. Beaumont's own account of the accident is told in the introduction to his work, "Experiments and Observations on the Gastric Juice."

"Alexis St. Martin, who is the subject of these experiments, was a Canadian of French descent at the above mentioned time [1822] about 18 years of age, of good constitution, robust and healthy. He had been engaged in the service of the American Fur Company as a voyager and was accidentally wounded by the discharge of a musket on the 6th of June; the charge, consisting of powder and duck-shot, was received in the left side of the youth, he being at a distance of not more than one yard from the muzzle of the gun. The contents entered posteriorly and in an oblique direction, forward and inward, literally blowing off integument and muscles of the size of a man's hand, fracturing and carrying away anterior half of the sixth rib, lacerating the lower portion of the left lung, the diaphragm and perforating the stomach. The whole mass of material forced from the musket, together with fragments of clothing and pieces of fractured ribs, were driven into the muscles and cavity of the chest. I saw him in 25 or 30 minutes after the accident occurred, and on examination found a portion of the lung as large as a turkey's egg protruding through the external wound, lacerated and burned; and immediately below this another protrusion which, on further examination, proved to be a portion of the stomach lacerated through all its coats and pouring out the food he had taken for his breakfast through the orifice large enough to admit the forefinger."

Beaumont's hospital and bedside notes give a complete history of the case.

William Beaumont



Alexis St. Martin
(Note gastric fistula)

Reproduction from Dr. Myer's "Life and Letters of William Beaumont."

Being destitute and without friends or relatives, Alexis St. Martin became a pauper dependent on the town of Mackinac. It was at last decided to ship him to his native town, Montreal, nearly one thousand miles away. Beaumont, however, rescued him from misery and inevitable death by taking him into his own family. "During this time," says his benefactor, "I nursed him, fed him, clothed him, lodged him and furnished him with every comfort and dressed his wounds daily and for the most part twice a day." It should be realized that Beaumont endeavored to close the wound; that when all other means failed he suggested incising the edges of the wound, and, "bringing them together by sutures, an operation to which the patient would not submit."

Not until three years after the accident did the idea of performing a number of experiments appear to occur to the mind of Beaumont. In 1825 he began to realize the importance of this case which had fallen to his care, when it occurred to him what a great service to humanity might result from this accident. About this time Beaumont describes the situation as follows:

> "He [St. Martin] will drink a quart of water or eat a dish of soup and then by removing the dressing I frequently find the stomach inverted to the size and about the shape of a half-blown rose, yet he complains of no pain, and it will return itself or is easily reduced by gentle pressure. When he lies on the opposite side I can look directly into the cavity of the stomach and almost see the processes of digestion. I have frequently suspended flesh, raw and wasted, and other substances into the perforation to ascertain the length and time required to digest each, and at one time used a tent of raw beef instead of lint to stop the orifice, and found that in less than five hours it was completely digested off as smooth and as even as if it had been cut with a knife."

Photo by J. H. Dempster

FORT MACKINAC

The hospital where Dr. Beaumont was stationed on the Island of Mackinac is shown to the left of the picture.

Then his resolve to make use of the case as a means of studying gastric digestion takes shape:

> "This case affords an excellent opportunity for experimenting on the gastric fluid and process of digestion. It would give no pain or cause the least uneasiness to extract a gill of fluid every two or three days for it frequently flows out spontaneously in considerable quantities. Various kinds of digestible substances might be introduced into the stomach and then easily examined during the whole process of digestion. I may, therefore, be able hereafter to give some interesting experiments on these subjects."

In 1900 The Michigan State Medical Society met at Mackinac Island and erected a monument of granite inside the fort to commemorate the scene of Beaumont's observations and studies of physiology of gastric secretion. In

June 1927, when the annual meeting of the Michigan State Medical Society was held on the Island, a bronze tablet containing the original inscription was affixed to the monument; the rigors of a quarter of a century of northern winters had all but effaced the original inscription. The interesting commemorative address delivered on this occasion by Dr. B. R. Corbus of Grand Rapids, follows.

It is apropos here to note that in the year 1922 the Wayne County Medical Society established a lecture foundation which commemorates the work of William Beaumont. The Beaumont lectures in Detroit have become a popular feature in connection with adult medical education in Wayne County. The course consists of three lectures usually given in February. The lecturers have been men of national reputation. The foundation provides for the publication of each series in book form. Eight volumes have already appeared.

Beaumont—Michigan's Pioneer Physiologist[†]

By Burton R. Corbus, M.D., Grand Rapids, Michigan

VAUGHAN, Osler and Myer have so competently and so splendidly extolled the life and work of this man whose memory we are honoring today that the obligation to attempt a further appreciation of his life is one that I approach with a considerable degree of temerity. Yet it is an obligation that carries with it an honor that I would be loath to forego.

On a June day in 1812, a young man presented himself to the Medical Examining Board at Burlington, Vermont. His examination being satisfactory, he was recommended "to the world," so the license reads, "as a judicious and safe practitioner in the different avocations of the medical profession." So is introduced Dr. William Beaumont.

He had had a common school education, had taught for a year or so, and then had, with rare judgment, apprenticed himself to a physician of unusual ability, Dr. Benjamin Chandler, of St. Albans, Vermont. With him he studied for two years. This was his entire preparation for the practice of medicine and for the research work in which later he was to show such unusual ability.

Although such preparation was apparently most inadequate, it must not be overmuch depreciated. There are many today who feel that the return in part to the preceptor system would be a distinct gain for our present medical education. The contact with a capable practitioner, the early opportunities for contact with the patient, the chance for a practical application of the preceptor's instruction,—all of these are of inestimable value.

Beaumont was taught the value of close observation of the patient, of the need of careful history taking, of logical thought, and more than these, Dr. Chandler furnished the young student with inspiration and incentive. Since a boy he had had an unusual urge to put things down on paper. This was perhaps, to some extent, influenced by the fact that he was quite deaf. He kept a diary in which he put down the details of his life, his speculations on philosophy, on life, on religion, the impression left upon him by his reading of the classics, and frequently whole paragraphs from these same classics, more particularly relating to conduct.

[†] Address delivered at 107th Annual Meeting of the Michigan State Medical Society, Mackinac Island, June 16-19, 1927, on the occasion of the unveiling of a new tablet placed on the Beaumont Monument.

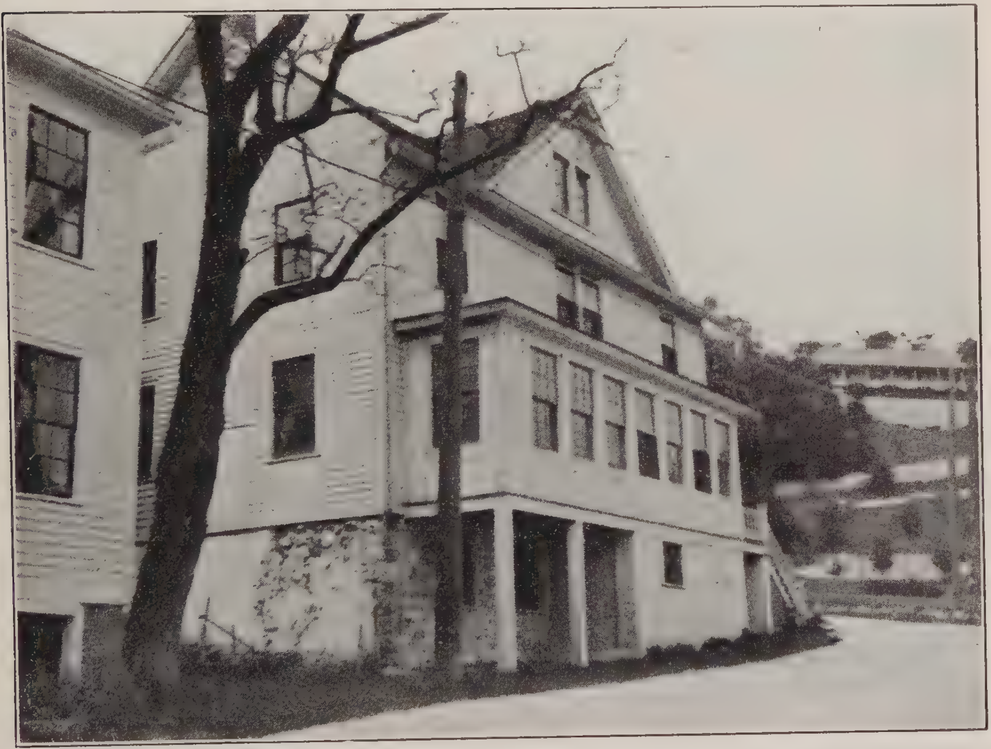


Photo by J. H. Dempster

House in Which Alexis St. Martin Was Wounded. Mackinac Island
The basement wall is the only portion of this house now standing. The hospital of the fort may be seen up at the right of the picture.

He was already a good observer. His case histories of the patients whom he saw during his apprenticeship, are most voluminous in their detail, and his picking out of the salient points and his conclusions, even admitting the help he must have received from his preceptor, were of such a character that it seems almost impossible that one with so little training could be so accurate. They are today worthy of the study and the emulation of the graduating doctor and the intern in our hospitals. This ability to observe, this willingness to study, this urge to put down on paper his observations and his conclusions, made an excellent groundwork for his later studies.

A dozen years later he was to be made an honorary member of the Medical Society of the Territory of Michigan in appreciation of the work which he had done on the physiology of digestion, a work just beginning, but which was destined to make him one of the pioneer American physiologists and the foremost in the study of gastric digestion.

Almost immediately after receiving his license, he entered the army. The War of 1812 was on and his service was very active. As always, he took full advantage of his opportunities, and his worn buckskin pocket notebook is filled to overflowing with detailed descriptions of his cases. Here, too, fate offered a further opportunity of far-reaching consequence. One of his associates was Dr. Joseph Lovell, with whom he formed a friendship destined to be lifelong, and which proved to be of incalculable value to him in the prosecution of his life work.

With the end of the war, Beaumont resigned to enter practice in Plattsburg, New York. However, with the advent of Dr. Lovell to the surgeon-generalship of the United States Army, and the offer of the surgeon-general of a responsible position in his office at Washington, the thoughts of Beaumont turned again to the army. Although refusing the desk appointment, he shortly afterward applied for a commission. His first assignment was to the Fort on this island, Fort Mackinac on the Island of Michilimackinac.

It was a long trip from Plattsburg to this island in the wilderness, but the island was perhaps better known in the east then, than it is today. A favorite camping spot for the Indians, the scene of many a bloody battle, a settlement from the days of the early explorers, a familiar stopping place for La Salle and Tonti, and Father Marquette, furnishing a company of Indians and French in the Revolutionary War, taken by the British in the War of 1812 (now again under the U. S. flag), one of the most important posts in America of the American Fur Company,—it is likely that Beaumont was familiar with the story of the island.

He landed in June. June seems to have been a most eventful month in his life. I find this entry in his diary written 107 years ago this day, June 18, 1820—

> "Assumed the charge of the hospital and commenced duty in the U. S. service."

He found on the island about 500 people, mostly French Canadians and Indians in the village on the beach below the fort. For his associates he had the officers of the fort and the officers of the American Fur Company. It was noted that the total number of white women on the island was twelve. One can imagine that life during the winter was quite uneventful and rather dreary, but once a year Michilimackinac became a very lively place. To the island came from all the north and the northwest, the Indians, the voyageurs, the traders of the American Fur Company bringing their loads of pelts, the result of their winter's work. They came in such numbers that the usual population of the island increased more than ten fold. It was made a gala occasion, and the business was not to be hurriedly disposed of. It was a time for celebration.

On such a day as this, in still another June in 1822, the usual jollification was on. In the basement of the American Fur Company's store a jostling crowd was bartering and gossiping, when suddenly a shotgun was accidentally discharged into the breast of Alexis St. Martin, a young French Canadian who stood about three feet distant. Surgeon Beaumont of the Fort arrived some fifteen minutes later. The stage is set and the curtain is raised on the play which will last for many years and will lead to the most important discoveries in the physiology of digestion, greater than the sum total of knowledge up to this time and greater than the discoveries of any one man since this time.

Photo by J. H. Dempster

Beaumont's Monument, Mackinac Island

The monument at Fort Mackinac was erected in honor of the labors of William Beaumont by the Michigan State Medical Society in 1900. The tablet was placed in the base of the monument to render permanent the inscription of 1900, which had become largely effaced by the rigors of the northern winters.

The story is well known, how in the healing of the wound a fistula was formed which permitted the outpouring of the gastric juices and made possible a certain degree of visualization of the interior of the stomach. The man and the opportunity had met, although Beaumont was not immediately to recognize the opportunity.

A year later the patient was still far from well. Without means he had long before this become dependent upon the charity of the village, and it was proposed to return him as a pauper to Montreal. The two thousand mile journey in an open boat, as planned by the village authorities, was quite likely to prove disastrous.

At this juncture Beaumont, out of the kindness of his heart, not willing to see his patient suffer from the arduous trip, took St. Martin into his home, a not inconsiderable obligation to a man whose salary was only $40.00 a month and who had but recently been married.

Alexis had been in his home some time before he saw the possibilities. He says himself,—

> "A mere tyro in science, with a mind free from every bias, I commenced them [the experiments] as it were, by accident."

But then, to use Osler's words, "he recognized, grasped and improved the opportunity which fell in his path with a zeal and unselfishness not excelled in the annals of medical science."

His studies on Alexis St. Martin practically ended with the publication of his book,—"Experiments and Observations on the Gastric Juice and the Physiology of Digestion," in 1833. Interruptions had been many. St. Martin was difficult to handle. On at least one occasion he took French leave of his benefactor in the midst of his experiments, and once away from Beaumont it was always difficult to get him to return. St. Martin was permitted to go home for what was expected to be a short visit in April, 1833, and Beaumont was never able to get him to return for further experimentation. He never gave up the effort, however, and up to the time of his death he continued to make advances and ever hoped he might continue the work.

There is no evidence that Beaumont at any time received any financial assistance in the prosecution of his experiments. The only exception to this is that at one period the Surgeon-General arranged for St. Martin to enlist as a private in the United States Army, and assigned him to Beaumont.

Repeatedly it was found necessary to send emissaries to Canada to plead with St. Martin to return. When successful, Beaumont not only paid him rather well, but usually supported his wife and his rapidly increasing family. One marvels that an assistant surgeon's salary could encompass so much, and knows that it could only be done by extreme sacrifice.

His friend, Dr. Lovell, the surgeon-general, gave him most valuable assistance,—made it possible for him to study in Washington for a period of time, and made it possible for him to be stationed at Plattsburg while he was publishing his book, but the exigencies of the service were often such as to prevent progress. In spite of his discouragements he continued with his work,—carefully investigating, laboriously studying the literature, not hesitating to go for help to the leaders in physiological research, getting from Professor Dunglinson of the University of Virginia, the leading American physiologist, and Professor Silliman of Yale, the leading American chemist, valuable advice, suggestions and confirmation of his findings, and always truthfully reporting.

As a part of the preface of his book he says,—

> "I submit a body of facts which cannot be invalidated. My opinions may be doubted, denied or approved, according as they conflict or agree with the opinions of each individual who may read them, but their worth may be best determined by the foundation on which they rest, the incontrovertible facts."

And again later in his work,—

> "Truth like beauty is when 'unadorned, adorned the most' and in prosecuting these experiments and inquiries I believe that I have been guided by its light."

With such ideals it is not strange that for the most part his contemporaries were impressed with the accuracy and truthfulness of his observations. Combe, the leading English physiologist of the day, says, "It would be difficult to point out any observer who excels him in devotion to truth and freedom from the trammels of theory or prejudice."

Although Beaumont's fame rests on his research work, it is well that I point out that, measured by the accomplishments of a lifetime, this work was only an important incident in an otherwise well filled life. He was an excellent army surgeon who was frequently called upon for specialized duty.

Retiring from the army in 1840, he began practice in St. Louis where his special abilities brought him immediate success. He was offered, and accepted, the chair of surgery in the Medical Department of the St. Louis University, then in its inception, and took a prominent and active part in the professional and social life of the community until his death in 1853, at the age of 66.

Dedication of Bronze Tablet

> "Near this spot Dr. William Beaumont, United States Army, made those experiments upon Alexis St. Martin which brought fame to himself and honor to American medicine."

So reads the inscription on the monument erected jointly by the Upper Peninsula and the Michigan State Medical Societies, and dedicated June 10, 1900. In unveiling this new tablet and re-dedicating this monument to this pioneer American physiologist and a fellow member, the Michigan State Medical Society is moved by a desire not only to honor the man and his work, but by its desire to emphasize to the medical youth of today the value of close observation, of logical thought, of analytical deduction, and last but not least, the virtue of truthful reporting.

With such an armamentarium and the desire to seek new truths, opportunities will be found to add "a mite to the promotion of medical science."† Much still remains to be done to make this world a healthier, a better and a happier world to live in. Discoveries in medicine, accomplishments in research, are products not limited to university and subsidized research laboratories. Harveys, Jenners, Beaumonts, Kochs, Longs and Bantings, country doctors all of them, will continue to appear and will not be submerged by the lack of apparent opportunity.

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†The introduction to Beaumont's report to the Surgeon-general commenced,—"With an honest desire to contribute, if I may, a mite to the promotion of Medical Science."

May the accomplishments of Beaumont, attained through sacrifice and disappointment, handicapped by a lack of facilities for the prosecution of his experiments, and by a lack of scientific training, carried on with great industry, because he held an overwhelming urge to *do,* continue to serve as an incentive and an inspiration.

Impressions of Beaumont from Sundry Sources

By C. B. Burr, M.D., Flint, Michigan

THE following excerpts are from Dr. J. H. Dempster's admirable study "Pathfinders of Physiology" published by The Detroit Medical Journal Company, 1914.

"As he grew to manhood his sympathies and political leanings were in accord with those of his father, who was a staunch Democrat and patriot. While no church record assures us that he was of the faith of his parents, Congregationalist, his biographer asserts that when the roll of the drum announced the approaching hour of worship he was among those who slowly wended their way over the hills on foot or on horseback to the old meeting house. Beaumont was blessed with such rigorous parental discipline in youth that he explained his lapses in church attendance in after life by the statement that during his youth he had made up for a lifetime of church attendance. Further than that he was a courageous and fearless boy, little is known of his early life. It is said that he developed deafness, which became more marked as he grew older, from standing near a cannon which was being fired, simply to outwit playmates of his own age.

"Beaumont left a diary which is an interesting description by one on the firing line, of the stormy times of 1812. This graphic account of events of the war by an eye-witness is reproduced in Dr. Myer's book.[2] Beaumont was present August, 1814, at the battle of Plattsburgh, where General Macomb defeated the British under General Prevost. The Treaty of Ghent ratified in February, 1815, closed the war. Soon after the close of the war of 1812 Beaumont tendered his resignation and in partnership with a Dr. Senter opened a store in the town of Plattsburgh, which store contained 'a general assortment of drugs, medicines, groceries, dye woods, etc., of the first quality and choicest selection which they calculate to sell on liberal terms for cash or approved credit.' So runs the advertisement in the local newspaper. In the footnote of the advertisement it is stated that 'Medicines will be put up with accuracy and care.' "

"The first experiments were carried on at Mackinac and were continued at Fort Niagara, to which place Beaumont was removed. While on a visit to Burlington, Vermont, as one of his master's household, Alexis, whose interest in science had long ago reached the vanishing point, ran away and was lost to his benefactor for some time. This ungrateful act on the part of the French-Canadian proved a sore disappointment to our 'backwoods physiologist.' His experiments up to this time were to estimate the length of time required for the digestion of certain kinds of food, which were suspended in the stomach by means of silk threads and withdrawn from time to time to note the changes in the substances. He found that food would digest more quickly in the stomach than when mixed with gastric juice *in vitro*.

"Four years after St. Martin's unceremonious departure, Beaumont got in communication with him. In the meantime Alexis had married and become the father of two children. The doctor took him, his wife and two children into his own home, where Alexis did duty as a common servant when not employed for purposes of experimentation. Beaumont's laboratory equipment consisted of a thermometer, a few open mouthed vials and a sand bag. *His observations were made with a true spirit of inquiry and with no particular hypothesis to support.*† Fifty-six experiments were made between December 6, 1829, and April 9, 1831. Alexis, with his wife and family, were permitted to return home to Quebec on the promise to appear when again wanted. Beaumont had felt that he had accomplished about all he was able in his researches on gastric digestion, and he longed to go to Europe a year and take St. Martin with him, that the work might be pursued farther by more competent physiologic chemists. The brevity of his furlough precluded the idea of going abroad and instead he remained in Washington with Alexis where he found his surroundings very congenial. Access to the works of European physiologists in the library and recognition from many of the prominent men at the capital made his sojourn pleasant."

"In 1833 Beaumont sought the assistance of two of the leading scientific men of the United States, Robley Dunglinson, professor of physiology, University of Virginia, and Benjamin Silliman, professor of Chemistry at Yale. Thanks to Beaumont's painstaking and methodical nature, the correspondence between the two and himself has been carefully preserved, and it constitutes an excellent account of the physiology of the period. A sample of gastric juice from St. Martin's stomach was sent Dunglinson for analysis. . . .

"Professor Silliman, to whom a bottle of gastric juice was also submitted, suggested that a sample be sent to Professor Berzelius, of Stockholm, Sweden, 'as the man of all others best qualified to investigate a subject of such deep interest to mankind.' Accordingly a bottle of the digestive fluid was packed for shipment. Beaumont's disappointment may be imagined when it was known that the parcel was delayed over two and a half months.

"Through Professor Silliman, Beaumont eventually heard from Berzelius, whose letter was dated July, 1834. The communication upon which such great expectations were placed was wholly disappointing. It was in the main an apology for the writer's inability to work with the gastric fluid with prospects of results of any value, owing to the time which had elapsed since its secretion and its arrival at his laboratory, to the possible alteration on account of summer heat, and to the inadequate quantity received.

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†Italics are the reviewer's.

"Nothing but the utmost zeal and love for the work could account for the persistence with which Beaumont pursued his researches. He felt not only the handicap of inadequate resources and facilities for experimentation, but St. Martin was a source of constant annoyance to him. He would leave his master and benefactor, often absent for several years, when by overtures in the shape of money he would be prevailed upon to return and furnish the precious fluid for his master's investigation. Beaumont's lot was cast at a time when it was difficult, almost impossible, to obtain government grants for the promotion of education. His work, therefore, has been accomplished almost entirely at his own expense.

"William Beaumont resigned his position as army surgeon in 1839. He continued, however, to attend the families of the officers at St. Louis, where he made his home. Owing to the distance from St. Louis of his successor, who was stationed ten miles away, he presented an account to the War Department for professional services covering a period of a few months, which services he conceded 'irregular and informal,' but 'correct and just.' On receipt of his account the surgeon-general threatened either to ignore the bill or to deduct the amount from the salary of Beaumont's successor. The manner in which Beaumont received the threat showed the independent nature of the man. He declared the surgeon-general's view an 'absurd opinion, contracted view, narrow-minded vindictive spirit and petty tyrannical disposition,' of the 'weak, waspish and wilful head of a medical department,' and congratulated himself over having the 'privilege of detesting a man, the motives and the mind from which such egregious folly, parsimony and injustice could emanate and be promulgated.'

"Though severed from the War Department, he still had a very lucrative practice, and, what is above any monetary consideration, devoted friends, and was very happy in his domestic relations. The following paragraph quoted in Dr. Myer's 'Life and Letters of Beaumont,' gives a splendid estimate of his character:

> "Dr. Beaumont possessed great firmness and determination of purpose. Difficulties which would have discouraged most men, he never allowed to turn him from his course. These he did not attempt to evade but to meet and overcome. He possessed, more than any man I ever knew, a knowledge almost intuitive of human character. You might have introduced him to 20 different persons in a day, all strangers to him, and he would have given you an accurate estimate of the character of each, his peculiar traits, disposition, etc. He was gifted with strong natural powers which, working upon an extensive experience in life, resulted in a species of natural sagacity, which I suppose was something peculiar to him not to be attained by any course of study. His temperament was ardent but never got the better of his instructed and disciplined judgment, and whenever or however employed, he always adopted the most judicious means of obtaining ends that were always honorable. In the sick room he was a model of patience and kindness; his intuitive perceptions guiding a pure benevolence never failed to inspire confidence. Thus, he belonged to that class of physicians whose very presence affords nature a sensible relief.

"He died April 25, 1853. His death was considered the result of injuries he received by slipping on icy steps while making a professional visit. What a satisfaction such a life must be.

"Toward its close he wrote:

> "'Myself and wife, not unlike John Anderson my Jo, have climbed the hill o' life togither, and mony a canty day we've had wi' ane anither. But now we maun totter down life's ebbing wane in peaceful quiet ease and competence, with just so much selfishness and social sympathy as to be satisfied with ourselves, our children and friends, caring little for the formalities, follies and fashions of the present age . . . Come when it may we only ask God's blessing on our frosted brows and hand in hand we will go to sleep together.'"

William Beaumont and His Work

The above was the subject of the interesting presidential address of Dr. Victor C. Vaughan to the Michigan State Medical Society in 1896.[5] He believed "American medical biographers have not . . . done the memory of this man justice." Excerpts from the address follow.

Beaumont's "writings show that he possessed the following qualifications which should belong to every man who attempts scientific research."

1. "He knew what others before him had done in the same line of work." Despite the fact of his isolated station, he was "familiar with the important literature of the subject"—a student earnest and intelligent.
2. "His experiments were made in the most natural way possible. He did not forget, as too many experimenters do, that conclusions are worthless when the observations are made under artificial and unnatural conditions."†
3. "His experiments are recorded in the simplest terms—and his conclusions are never forced but necessarily follow from the observations."

The fact that he wished to take his patient to Europe "in order that the most renowned physiologists and chemists might see and study" the case illustrates his broad views. "His little book on 'Digestion' should now be considered as a classic." Every student of physiology should read "the works of Spallanzini and Beaumont."

At 64 years of age he was active in a cholera epidemic and "devoted his days and nights to the most arduous professional duties" in St. Louis where he was then engaged in practice.

He "comes next [to Spallanzini] in the list of those who studied the gastric juice taken from the stomach during life, and was the first to make researches on the gastric secretions of man."

M. M. Quaife, Ph.D., Secretary-Editor of the Burton Historical Collection, contributed to the Summer number 1929 of Michigan History Magazine an article entitled, *"Romance of the Mackinac Country,"* in which the following interesting detail concerning Beaumont is given.

> "On a day in June, 1822, in the old fur company warehouse a shotgun was accidentally discharged, and its contents found their way, at bare arm's length, into the stomach of Alexis St. Martin, a young Canadian voyageur. To discover romance in this gory event would seem to be a large order, yet I think it can be done. The supposedly dying man was placed on an improvised cot and the garrison surgeon was summoned from his home on the bluff to attend him. Again, as in the case of the German butcher boy, opportunity had come to a man who was prepared to profit by it. The name of Beaumont looms large in the annals of Norman England. One member of the line stood high in the Conqueror's favor and by the latter's son, William Rufus, was created Earl of Warwick.

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†The work is cited of Montegre who could vomit at will, chose to do so during the intervals of digestion and concluded from the fluid examined, that what had been supposed to be gastric juice was nothing but saliva.

Centuries later the family line found footing in the New England across the sea, and here in 1785 William Beaumont, third of the name in America, was born. He became a physician, served as surgeon's mate in the War of 1812, and in May, 1820, came west to Mackinac as garrison surgeon. Thereafter, for many years, he resided at Mackinac, Green Bay, and other military centers. His later years were spent in private practice at St. Louis. He was a man of great capacity and force of character, who achieved wealth by reason of business acumen and medical fame by a devotion to scientific investigation which has rarely if ever been excelled.

"It was difficult to kill a Canadian voyageur, else all would have perished from the hardships of their routine existence. To the surprise, no less of Dr. Beaumont than of everyone else, St. Martin survived his horrible wound. In healing, however, it left an open entrance to the stomach, through which one might observe the actual digestive processes. Dr. Beaumont was quick to perceive the opportunity for scientific investigation which this unique human laboratory afforded. From the dawn of civilization until the month of June, 1822, no appreciable progress had been made in the study of the processes of the human stomach. Under great difficulties and over a period of many years Dr. Beaumont pursued his studies; the results, when published, proved a revelation to the medical world. I have been told on authority I am disposed to credit that the great Sir William Osler was wont to rank Dr. Beaumont's work alongside Harvey's discovery of the circulation of the blood, as one of the two foremost medical achievements of modern times.

"But the story of Beaumont's work has its humorous, as well as its serious side. St. Martin was a free and healthy human being, and the workings of his stomach could be studied only with his consent. A typical Canadian voyageur, as full of superstition as he was devoid of scientific zeal, the Doctor's probings into the secrets of his interior anatomy proved exceedingly boresome. Moreover, he was made the butt of the jeers of all his associates, who rallied him endlessly upon the 'window' in his stomach. Although he owed his life to the Doctor, the strain upon his sense of gratitude proved too great to endure. In the spring of 1825 Beaumont was ordered to Fort Niagara; although St. Martin accompanied him thither, he soon profited by his proximity to Canada to take 'French leave' of his benefactor. Thereafter for several years all Beaumont's efforts to find him proved vain. Meanwhile Beaumont had been transferred to Green Bay where late in 1827 he learned of the whereabouts of his vagrant laboratory. Two years more elapsed, however, before St. Martin could be persuaded to come to him. Late in 1829 (Beaumont was now stationed at Prairie du Chien) the long-interrupted investigations were resumed. Only by paying St. Martin a far higher wage than he could possibly earn as a voyageur, could he be held to his distasteful occupation. In October, 1832, articles of agreement were entered upon between the two for an employment unique in human history. In staid legal verbiage they recited that 'the said Alexis does for the term of one year covenant to diligently faithfully and to the utmost of his skill power and knowledge perform such service . . . as the said William shall from time to time order . . . and likewise be just and true and faithful to the said William in all things and in all respects. Reduced to everyday English, Alexis undertook to eat when and what William might direct, and to permit William to observe the interior of his stomach at such times and by such methods as he should deem desirable. The scientific zeal which spurred the surgeon to his task was a thing incomprehensible to St. Martin. Under all the circumstances I find it difficult to blame him for demanding a high wage for his peculiar service, or even for running away from it altogether."

The following extract was taken from "A Short History of the Wayne County Medical Society," an article by James E. Davis, M.D., published in *Bulletin of the Wayne County Medical Society,* January 25, 1927:

"Dr. Joseph Lovell became the first Surgeon General of the United States. He had been interested in some problems of the digestive tract and in 1824 a letter was sent to Dr. William Beaumont, Army Surgeon, stationed at Fort Mackinac, asking whether the stomach digested articles of food one at a time or one after another, disposing of beef first, then potatoes, and next fish, cabbage, and finally pudding. Beaumont's answer was given to the Medical Recorder [1825] for publication and was credited to Surgeon General Lovell but the error in authorship was soon after corrected. The answer set forth the fundamental principles of gastric digestion about as we know them today.

"The studies of Beaumont upon Alexis St. Martin's fistulous stomach were so accurate that the reliability of his work withstands the tests of time.

"The first organization to recognize Beaumont's researches was the Medical Society of the Territory of Michigan, and March 3, 1825, on motion of Dr. Pitcher the epoch-making work of Dr. Beaumont was recognized by unanimously electing him to honorary membership in the Society. The record of this election of Detroit and the notification was made by Dr. John S. Whiting, Secretary."

The Laboratory Subject from Journalists' Viewpoints

"Alexis St. Martin now [1879] lives at St. Thomas, Joliette County, Province of Quebec, Canada, and is now seventy-nine years old. The opening in his stomach is nearly an inch in diameter. For his age he is strong and perfectly well. Always a hard worker, his digestion has never failed in spite of the hole in his stomach. He will be remembered as the subject of Dr. Beaumont's experiments on gastric digestion." (*Detroit Lancet,* Vol. 3, p. 77.)

"Alexis St. Martin is no more. Some are born great and some achieve greatness but few ever had so much greatness thrust on them, as came to Alexis through his little fistula. Gone to meet Billroth's stomachless victims where digestion is a lost art." (*Michigan Medical News,* Vol. 4, p. 183.)

The Beaumont Lectures for 1930

Beaumont's laboratory subject has been succeeded by other living subjects who may now be studied through the medium of the X-ray and the findings presented by means of the cinema to those interested in the workings of the gastro-intestinal tract. The announcement of the Beaumont Lectures for 1930, taken from the *Bulletin of the Wayne County Medical Association,* under whose auspices the lectures are given, is of interest in this respect:

> "These lectures are scheduled for Monday and Tuesday, January 27 and 28, 1930. They will, as usual, consist of three lectures, one Monday evening and one Tuesday evening with an intervening lecture of a popular nature on Tuesday morning.
>
> "The committee surveyed the ground for a lecturer this year with much deliberation, and considered several outstanding figures in the scientific world for the task and for the honor.
>
> "After mature consideration of the whole field and upon the suggestion of Professor J. J. R. MacLeod of the University of Aberdeen in Scotland, we selected Professor T. Wingate Todd, head of the Anatomical Department of Western Reserve University, Cleveland.
>
> "Professor Todd has agreed to accept the assignment, and will be with us on the dates mentioned above. He is an old pupil of Elliott-Smith of London, England, and is said to excel, if anything, his master in public speaking.
>
> "According to Professor MacLeod of Insulin fame: He has been doing some extremely interesting work on the living anatomy of the gastro-intestinal canal for which he has used X-ray methods and cinema films. If you could get him to give a completed account of his work in this direction it would be not only interesting to your Society, but of great value to medical science in general, as Todd's various lectures and papers are at present rather scattered.
>
> "Discussing Professor MacLeod's suggestion with Professor Todd, the committee learned that he was willing to follow suggestions contained in the above quotation, and in addition was willing to give us some new work which has not yet reached the public eye.
>
> "Judging from the story the committee has received of the work being done in Professor Todd's laboratory in Western Reserve University, the Society is due to receive a treat of transcendent importance and interest. Demonstrations of the actual workings of the human stomach and intestines will be shown by means of the X-ray and the cinema. These will, of course, be accompanied by lectures from the accomplished brain of the lecturer. The committee feels that the Society is to be congratulated on the opportunity it will have of hearing Professor Todd and seeing his demonstrations.—William M. Donald, Chairman."

Interesting matter, perhaps not included in the foregoing, which pertains to this outstanding character in Michigan medical history, may be found in the references listed.

REFERENCES

1. Beaumont Memorial Number of the "Physician and Surgeon," Vol. XXII.
2. Life and Letters of William Beaumont (with picture)—Myer.
3. Medical Biographies—Kelly and Burrage. Page 82.
4. Michigan Pioneer Collections, Vol. XXVI, p. 646.
5. Transactions Michigan State Medical Society. Page 9.

Chapter VII

Pioneer Physicians—Types and Anecdotes

If whatsoever hath come unto us by report of what is past were true and knowne of any body it would be less than nothing of thate which is unknowne.

—MONTAIGNE.

You cannot control man's appetite or make him moral by statute law.

—DR. ISAAC LAMBORN.

CHAPTER VII

Pioneer Physicians—Types and Anecdotes

By C. B. Burr, M.D., Flint, Michigan

THE erudite and accomplished Dr. James D. Bruce of the University of Michigan in "The Responsibilities of the Practicing Physician in Medical Education," *Journal of Michigan State Medical Society,* June, 1928, pays deserved tribute to a second group which has "not enjoyed the best of educational opportunities in the brief undergraduate period," but nevertheless included "men of ability, fine strength of character and indomitable perseverance," who are "almost without exception the qualified leaders in our medical fraternity."

How admirably this applies to the pioneer physician, who had perforce to carry on alone and who was wholly without post-graduate instruction, the theme of the essay, or perhaps for that matter, of any other instruction or aid of a systematic character later available, and still "made good."

The committee appointed to compile this history has quite arbitrarily decided that those in the practice of medicine in Michigan before the mid-nineteenth century period shall be regarded as Pioneer Physicians. Cultural opportunities were directly available to students of medicine in this state from the time the University of Michigan medical department was established in 1851 and thereafter. Although there was much pioneering among physicians and although it is a far cry from the teaching methods in vogue at that day to those of the present, the medical trail was blazed and the profession was not recruited solely from among those self-educated or educated in the older sections of the country.

In not a few of the fragmentary biographical sketches herein there are presented merely unromantic data concerning many-sided characters. There were remarkable men in medical practice in the early years of Michigan's history—necessarily so. The very fact that they moved to a sparsely settled country—indeed, largely an unexplored wilderness—and cast their lot for better for worse with the pioneers, indicates resourcefulness, intrepidity, self-confidence, praiseworthy purpose and the spirit of high adventure. They endured perils and hardships unflinchingly and their names are writ large in the progress, well-being and prosperity of the communities to whose founding and establishment they contributed so liberally. They were alert, vigorous, unsparing of self; they bear record of accomplishment and their works live after them. The qualities of devotion and heroism were notably present in some of the earliest members of the profession in Michigan. To mention but a few and with no disposition to depreciate others or make invidious distinctions—lustrous in the annals of this Commonwealth were the lives of Douglass Houghton, Zina Pitcher and William Beaumont. Significant and of outstanding importance was the work of numerous other medical pioneers such as R. S. Rice, Charles Shepard, Abram Sager, Moses Gunn, A. B. Palmer, S. H. Douglas, John H. Beech, Charles P. Parkill, the missionary's friend Dr. Borup, George Whitefield Fish, Samson Stoddard, Nathan M. Thomas, John L. Whiting, the Upjohn brothers, Morse Stewart, Edward Cox, William M. Campbell, and O. C. Comstock, Jr.

The title "Pioneer Physicians, Types and Anecdotes" is perhaps sufficiently explicit, but it may be expedient to note that by no means all of the names of distinguished pioneer physicians are included in this chapter. Others it has been found convenient or desirable to record under the chapter headings, "The Military Service of Michigan Physicians," "Extra-Professional Activities," "Medical Education," "Anecdotes and Brief Biographies," and elsewhere. Furthermore it is altogether probable that, despite painstaking search, many useful and deserving have not been discovered.

Just a hint in passing. Readers to avoid surprise should not ponder this record too attentively. This implies, of course, that there will be readers—a somewhat daring assumption—and it is possible the advice may be regarded supererogatory, but in compiling the committee has discovered so many names of "first physician" in given localities that duty impels to caution. Justification for reliance upon "sources" of information lies, however, in this—that though not every one could be earliest in point of time, it is probable that each was "first in the hearts of" his respective and respectful patients.

The doctor was regarded in the provincial neighborhood almost with reverence. His opinion was sought on questions of household economy, of education, of politics. The frequent mention of the pioneer physician in connection with schools can be, to a member of the medical profession, no less than in the highest degree gratifying. They were teachers, civic leaders, community benefactors. Assumption of universal popularity is, however, obviously unwarranted, as the following letter indicates:

> Gov. Cass to Sheriff of Washtenaw Co.
>
> Detroit, Jan'y 2, 1827.
>
> Sir
>
> The papers I have received from Washtenaw for and against the reappointment of Dr. Pomeroy have rendered it impossible for me to decide what ought to be done. I have therefore determined to request the people of the district to elect a person to that office.[31]

In comparison with other pioneer localities Michigan's citizenry was of exceptionally high type, this notwithstanding the aspersions of the *New York Commercial Advertiser* heretofore recorded. Harriet Martineau comments favorably upon it following her visit in 1835 and 1836. She developed a gratifying partisanship in the demand Michigan was then making for sisterhood in the States and on the very last page of her "Society in America," exults in making the announcement that since publication of the preceding portions of the work she has heard that Michigan is finally admitted into the Union, but upon what terms she is uninformed.

Elsewhere throughout these pages are references time and again to activities of the pioneers in medicine both professional and non-professional and formal sketches are therefore often purposefully left skeletonesque.

One Dr. Hasler or Hestor had been ostensibly engaged on a surveying program, "but had passed the winter of 1820" indolently at an Indian village near Pontiac and had set off for Ohio in the spring accompanied by a party of Indians of both sexes." Concerning him General Cass writes to Hon. Edward Tiffin, May 5, 1821:

"Of the circumstances attending the disappearance of Mr. Hasler for so long a time I know nothing. That the period which has elapsed since his arrival here, has passed away without any profitable result, is certain, and this result is to me a clear indication, that the task, which he undertook is one which he could not perform. The respectability of the persons who recommended him, takes from you all responsibilities upon the subject, and I have no doubt but that the work will be now well and speedily executed."[31]

The foregoing is presented for its biological implications. Was this movement of Hasler a harking back to the primitive? As a study in philandering it possesses values also; but the bi-sexual character of the group prevents its classification as of the hobo type. The conjecture is advanced that Hasler or Hestor sought the open spaces for room in which to amplify a surveying program and incidentally to expound to the heathen a spiritual message.

Doctor Borup: The following extract, for which the committee is indebted to Dr. A. W. Hornbogen, is from the Memoirs of D. M. Chandler, a missionary to the Marquette region—

> "Sabbath, March 8, 1835.
>
> "In several instances Mr. Chandler mentions in sentiments of respect and esteem, a medical gentleman living near him, in the employ of the Fur Company, originally from Denmark. And from the opportunities he enjoyed with him, he recognized in his friend, as he thought, the spirit of true religion. He often extended the tokens of friendship to our young missionary; and to find one who could speak the same language with himself, and who cherished a common sympathy for him and his work, was a source of great consolation, in his retirement from the privileges of civilization."

Under date of March 24, Mr. Chandler makes mention of his medical friend in the following manner:

> "Doct. Borup called on me a few moments this morning, and he told me he left his parents and native country, Denmark, and started for the West Indies, just eight years ago from this present day. The climate in the West Indies being too warm to permit him to live there, he said, he sailed to this country, and after staying two years in the United States, was employed by the American Fur Company and sent into this country, where he has remained ever since. This day is to him a day of reflection and he seems astonished to think how strangely he has wandered from the far distant land of his fathers and friends."

"Rising early and retiring late, the pioneer doctor rode from one log cabin to another, now following a scarcely perceptible roadway—now struggling through a marshy interval . . . anon urging his tired steed into a bridgeless stream. . . . Practicing medicine was no holiday work."[14]

Dr. Schuyler C. Graves writes of the experiences of pioneer physicians:

"The trials, discouragements, difficulties and dangers which those old medical heroes were compelled to undergo can scarcely be comprehended in these days of advanced civilization. The inhabitants of the village being too few to furnish sufficient support, the surrounding country, for miles in every direction, must be traversed by the over-worked, under-fed doctor. Nor were the dangers incident to long country trips insignificant; for with angry rivers to ford and primeval forests to traverse where, oftentimes, the only indication of a pathway through the woods would be the blazing of trees, in addition to which the liability of losing one's way, and the possibility of a personal contact with wild beasts, ever forced itself upon the mind, the doctor had anything but an easy life. The pecuniary return, also, for such labor was meager and uncertain; many of the accounts in those days being paid in shingles and orders on Amos Roberts and Jefferson Morrison. Thus it will be seen that although the life of the practitioner of the present day may be considered, by many, laborious, yet in comparison with that of the pioneer physician it is light indeed."[17]

Dr. John L. Whiting was possessed of great physical vitality and mental vigor and lived to an advanced age. He was born November 28, 1793, at Canaan, New York, and died in Detroit, in 1880. He studied medicine with Dr. Samuel White at Hudson, New York, and after three years spent in his office he made his way to Detroit, starting in 1816. Of this vicissitudinous journey, of his activities in connection with the cholera epidemics, his pioneer experiences in medicine, his relations with his fellow practitioners and with a large clientele, accounts are elsewhere given.

His was a rugged character and his energy was tremendous. "He had a very retentive memory and was fond of recalling the early events of his Detroit residence. He had frequently published articles regarding that period which were full of interesting information and will be of future value to the local historian."[31]

He attempted to cease practice, to go into the commission business after fifteen years of medical work but "was compelled to return to it in July [1832] and work harder at it than I ever had in my life."[31]

His judgments were keen and kindly. He had a large acquaintance, was interested in politics, but held but one political office, that of city clerk in 1830 and 1832.

He was the first librarian (1828) and one of the incorporators of the Michigan Historical Society.[31]

He conducted at one time a land and tax agency, was an original member of the Detroit Board of Underwriters.

He was married three times. There were two surviving children from the first marriage. He was a member of the Presbyterian church.

An account of his life contained in the Burton Historical Collection states that he arrived in Detroit, February 26, 1817, after a perilous journey "on horseback, by cutter and by ice" of which there is detail elsewhere; that he was graduated at New Haven Medical College and after saying farewell to an apprehensive family turned his face westward. It was "the sorrowful premonition among relatives" that they would "never see him again on earth," but the young Doctor, "saw no chance for fame and fortune in the older states where the close of the War of 1812-1815 had let loose thousands of men for whom there was little or no employment."

In the winter of 1823-1824 Dr. Whiting was sent up to relieve Dr. Pitcher in an epidemic of malignant fever, and with Dr. Rice in Detroit cared for cholera cases in 1832 and 1834. (*See Chapter on* Prevailing Diseases and Epidemics.)

He was commissioned in 1818, Surgeon for the First Michigan Militia Regiment, and was with the troops headed toward Illinois for the Black Hawk War in 1832.

He was a leader in medical organization, in educational matters, and in civic activities, a record of which is contained elsewhere. He was married at Hudson, New York, to Harriet C. Tallman, daughter of John C. Tallman, Mayor of Hudson. He was an old time Whig and with that party helped to organize the Republican Party.

In 1817 he was appointed Registrar of the University.[31]

The following extract is from a tribute paid him by one he had succored in cholera during a later invasion of this disease.

> "In the summer of 1853 Dr. Whiting, Walter Chester and many others including the undersigned [E. N. Wilcox] made a trip to the upper lakes . . . Death's Lieutenant General Cholera was there . . . The Doctor and Mr. Chester stood firm and finally rallied a few out of their fright. Your chronicler was soon after much against his belief 'taken with the symptoms.' The grim monster looked in on him, mewed in his little hotel bedroom [at Sault Ste. Marie] but found a persistent disbeliever in his malady, with two of the most resolute heroic friends that ever stood ward by camp or bedside. You can imagine the anxiety of all to get away by first boat or more properly *tub* as the old rotten Manhattan was called. The hour for starting came. My door was locked; I was in prison. Fellow passengers all going and I left to die among strangers? No. But a moment's suspense, a moment's frenzy. The door opened and Fidus Achates and his brother stood before me. Short and few were the words they said. 'You think you are not sick!' 'You are.' 'You think you are going this trip on the boat!' 'You are not.' 'You think you are to be left alone here!' 'You are not.' *'We are going to stay with you until you get well.'* And with these crisp encouragements dear Dr. Whiting and Walter Chester each took one of my fevered hands in his own and whispered me to sleep."

And in the "procession" from the hotel when the day of release came—the helpless convalescent carried in arms—there was found "the bluff, rugged, tender hearted Doctor at every step, trying to patch up the breaks in his lachrymal levees by the frequent application of thumb and finger but too recently dipped in 'Lorillards best Maccaboy.' "[31]

Dr. Douglass Houghton was born in Troy, New York, September 21, 1809; was educated at the Academy in Fredonia and at Rensselaer Polytechnic Institute, Troy, graduating from the latter school in 1829. The same year he became assistant to the professor of chemistry and was by him (Professor Eaton) nominated as a person equipped to deliver a course of public lectures in chemistry and geology and came to Detroit "before he was

20;" a total stranger, he brought with him a letter of introduction and "just ten cents in money."[31] (Prof. Bradish.)

Friend Palmer writes[8] that "in the large room of the Council House" he was first introduced to the public through his chemical lectures which were "largely attended, very interesting and illustrated, by brilliant experiments."

He was licensed in 1831. As physician in 1831-1832 to H. R. Schoolcraft's expedition to the headwaters of the Mississippi and the copper region of Lake Superior he "gathered materials for two reports to the Secretary of War. One gave a list of species and localities of plants collected; the other discussed the existence of copper deposits in the geological basin of Lake Superior."[5]

"From 1832 to 1836 he practiced as a physician and surgeon in Detroit. He was also a skillful dentist. He gained an extensive practice but never relaxed his studies in science.

"In 1837 he was appointed by Governor Stevens T. Mason, State Geologist. He became responsible for the first geologic survey. It is an interesting fact as well as an evidence of Houghton's genius, says Rolland C. Allen,[31] that as early as 1838 the survey had been organized on the plan that in the main essential is followed to this day in Michigan, and which is approved by years of experience in other states. The plan provided for geological, topographical, zoological and botanical departments, each headed by a competent specialist but all under the head of the State Geologist. The state was very sparing in its allotment of money for the big work. A large part of the field work was finished by 1842. The incompleteness of the United States linear surveys delayed the Michigan surveys very much. As the act of 1837 making provision for the state survey expired in 1842 leaving still a large territory in the Upper Peninsula unexplored Dr. Houghton set about effecting a plan, which he had previously conceived, of connecting the linear surveys with the minute geological and mineralogical surveys of the country. The plan, approved by the Association of American Geologists and Naturalists, was laid before Congress in the winter of 1844 and its feasibility comprehended at once. Dr. Houghton removed all obstacles by offering to take the contract of running 4,000 miles of line at a price but little, if any, exceeding that which would have been paid for a single survey."

Dr. Houghton was drowned in Lake Superior near Eagle River, October 13, 1845. The tragic story of his death was told by a friend named Peter McFarland. It is printed in Saunders' "Cyclopedia of American Medical Biography."

Houghton "left Eagle Harbor, Lake Superior, in an open sail boat, for a camp about ten miles distant that contained a geological surveying party to which he desired to give instructions ere leaving for the winter. His work kept him in the camp till after dark, when a storm threatened that proved to be snow, accompanied by a very high wind. There were four rowers, the doctor holding the rudder, his faithful dog, Meemee, a black and white spaniel, being at his feet. The violence of the storm increased and the waves rolled higher and higher; on rounding a point they could see the light at the harbor. 'Pull away, my boys, we shall soon be there; pull steady and hard.' But an enormous wave capsized the boat and all went under. The doctor was raised from the water by his trusty friend, Peter McFarland. 'Cling to the keel, doctor,' he cried. 'Never mind me,' said Houghton, 'go ashore if you can; be sure I'll get ashore all right without aid.' Very soon the boat was righted and all clambered on board, but another large wave capsized it again. They were now but two hundred yards from shore, but all were about exhausted from cold and fatigue. Two of the five men managed to reach shore, but three, including Dr. Houghton, sank and did not rise."

"The published results of Houghton's survey are shown in seven annual reports to the Legislature and a number of short communications relative to salt springs and specific conditions. Through negligence the vast collection of notes, sketches, maps and manuscripts representing eight years of unremitting toil by Dr. Houghton and assistants was lost. Just how much he had accomplished will never be known, but fragmental reports preserved in the documents of the State Senate and House show that he attained a fairly clear understanding of the succession and structure of the paleozoic (secondary) rocks; had blocked out the Michigan Coal basis; understood in a measure the later history of the Great Lakes and had traced the position of some of their former shore lines; had called attention to the importance of deposits of gypsum, coal, peat, marl, clay, limestone, iron ore and copper; had discovered gold and above all had attained an understanding of the copper-bearing rocks of Keweenaw Point, which was far in advance of his time. The influence of his report on the copper-bearing rocks was a main factor not only in attracting capital to the Copper Country but in hastening the construction of the first canal and locks around the falls of the St. Mary's River. Realizing the burdens of the people of the struggling commonwealth, Dr. Houghton addressed himself to an appraisal of the material resources of this State rather than to the pursuit of science for the sake of science alone.

"He died at the age of 36 on the field of fame. The memory of Dr. Houghton is preserved in the name of Michigan's largest inland Lake, one of the wealthiest counties, one of its most important towns, one of its most beautiful waterfalls, and one of its most imposing mountains. A monument in Elmwood Cemetery, Detroit, and a cenotaph on the campus of the University were erected to his memory. A full length portrait was placed in the Hall of Representatives and a memorial window in St. Paul's Church in Marquette."[10]

Elsewhere in this history will appear a record of his devotion to the sick in the cholera scourge, and other professional and civic activities. It is given to few men to accomplish so much of extraordinary importance in so short a lifetime. His record is indeed marvellous and looms large in the annals of discovery and of science.

His "social qualities were singularly happy." His mind was "acute, disciplined and ready, not classical perhaps, not polished, but open, frank and truthful. Its culture had been scientific rather than classic or literary."[31] (Bradish.)

There is an interesting account of a Michigan Geological Expedition in 1837 by Bela Hubbard, Esq., of Detroit, in "Michigan Pioneer Collections," Volume III, Page 189, in which it is related that the party "consisted of four individuals, Dr. Houghton, the State Geologist, and three assistants, Mr. C. C. Douglass, the writer and a dog."

Dr. Houghton's characteristics are vividly described in the above article. "His diminutive stature, his keen blue eye, his quick active motions, the strong sense and energy of his words when dealing with matters of science and his indomitable perseverance in carrying out his designs," also "his love of fun and his hilarious manner of telling a comic story." Under "light but massive eyebrows" were blue eyes "bright and at times merry."

Courtesy J. T. Reeder, Esq.

Monument to Dr. Douglass Houghton at Eagle River, L. S., Near the Scene of His Tragic Death

The one who has copied the foregoing for this medical history, has seen in print and now appreciatively records evidence that Dr. Houghton was also undoubtedly a human being, having capacity for sympathy and conduct-extenuation occasionally lacking among the wise ones of the earth. He was first president of the society and chairman of a committee to revise the constitution and form a code of by-laws for the Detroit Young Men's Temperance Society (1835). Various resolutions and addresses thereunto pertaining may be found in "Michigan Pioneer Collections," Volume XII, Pages 457 to 459, but a portion of its proceedings, of no little human interest, is the

> Report of a Committee appointed by the Detroit Temperance Society to investigate certain charges made by Mr. Charles Cleland against Mr. George Hand a member.

Dr. Houghton testified "that he was present and while there remained near Mr. Hand, that Mr. Hand was under his medical care at the time and went to the place under his injunction not to eat or drink freely, and that he is positive, as well from his observation at the time as from his knowledge of the state of his health and the effect which a free use of wine would have upon him, that Mr. Hand was not only sober but very abstemious." Dr. Houghton also stated that Mr. Hand did at one time counterfeit the appearance of intoxication, "which fact your committee think may account for the difference of opinion in the witnesses."[31]

The foregoing is strikingly reminiscent of the celebrated Smedley Butler *vs.* Williams Court Martial proceeding in San Diego, in 1925, where the loyalty and friendship of his fellow medical officers to the defendant are charmingly revealed by their testimony.

The proposed nomination of Dr. Houghton for Governor brought forth the following letter:

> Detroit, April 8, 1845.
>
> Dear Sir:
>
> I feel much obliged for your kind letter which would have been answered long ago had I not hoped to have visited you before my departure for the woods, but as it now is I despair of traveling westward until I shall return from my surveys. I am now nearly prepared for my departure, and shall be engaged in most laborious duties, separated from all civilization for several months. The task before me would be more than I could be induced to attempt for mere pecuniary consideration, which in fact has nothing to do with the matter, for I take the field with higher motives and motives which I feel assured you can fully appreciate. The surveys under my charge have been conducted under circumstances deeply embarrassing to me, but I hope in the end to complete them in a manner that will be satisfactory to the people of our State as well as to myself. Your allusion to myself in reference to an important State office and your kind feelings, you may rest assured I fully appreciate. How my name came to be used in connection with this office is beyond my knowledge, for most certainly it is an office which I have never sought, and not until very recently have I supposed that our party desired anything of the kind, but I am not satisfied that in many of the counties of our state such disposition has been made manifest. All that I can say in relation to it is that I do not wish anything of the kind unless it be with the hearty concurrence of our party, and by this feeling fairly and honestly expressed. Let us harmonize and conciliate so that we shall be certain of success in our Fall campaign, but let us do nothing which would serve in the least to distract the party.
>
> Should the party see fit to nominate me to that office I trust that it will be done in no other way than with the entire concurrence of the party and in such a way as to unite the whole party. I do not look for anything of the kind, nor should I be disappointed if it should not be done, and I can only say to my old friends, among whom you are numbered, that during my absence I leave myself in your hands to do as you like, feeling assured that you will do nothing which will be not for the interests of our party or for the interests of the whole state.
>
> My surveys during the coming summer will be in the country, south of Lake Superior, and I hope to be able to leave for that country as soon as the

first of May. Shall be much gratified to hear from you whenever you may find it convenient to write.

Yours truly,

D. HOUGHTON.

O. Marsh, Esq.
Battle Creek, Mich.[31]

Dr. Randall S. Rice was born in 1793; came to Michigan in 1817, resided in Monroe for five years, after which time in Mt. Clemens until 1827.

Dr. Rice was highly regarded by Dr. Whiting. He was extremely useful in the cholera epidemics of 1832 and 1834 (q. v.), He was evidently partial to phlebotomy. Once when bleeding a patient he asked him to say "when the pain in his head stopped, but Holmes soon got past the place where he could say anything and Dr. Rice had to stop the flow according to his own judgment. Holmes was Dr. Chapin's patient, but that Doctor was out of the city and young Owen, Dr. Chapin's clerk, had advised him to take a blue pill every night and he would soon be all right. Holmes now claimed that the experience had cured him of both blue pills and bleeding."[2]

"Dr. R. S. Rice was the first physician who practiced the healing art here [Mt. Clemens] for any length of time. He began in 1823. Drs. Thompson and Chamberlin had preceded him here but neither remained more than a year. Before he came the sick were often obliged to send to Detroit for a physician. He spent about four years here and then moved to Detroit. He left in 1872."[31] (*See also* narrative of Dr. Whiting.)

He died at the age of 67, leaving a daughter, Mrs. Henry J. Kebbee, and a son. His wife died in 1851.

From the *Detroit Gazette*, June 13, 1826:

> QUARTER OF A CENT REWARD
>
> Ran away from the subscriber on the fourth inst, a boy named Edward Hickman, aged about 17 years—had on when he went away a straw hat, blue broad cloath [*sic*] coat, woolen vest and Russia Duck pantaloons. All persons are hereby forbid harboring or trusting him on my account. R. S. Rice. Mount Clemens, June 7, 1826.

In the same paper there is notice of a writ of attachment sued out of the County Court, Macomb County, signed R. S. Rice, Clerk.[2]

Dr. Rice was Secretary of the Medical Society of the Territory of Michigan, which for many years licensed practitioners of Medicine and authorized the organization of Medical Societies.

Dr. Ebenezer Hurd, in the thirties, owned and lived in an old fashioned brick dwelling on the corner of Woodward and Congress in Detroit. He "was an eminent physician and surgeon, particularly the latter. It is said that he was the most skillful surgeon in all the northwest when he was in his prime."[8]

It was he who amputated an arm for Captain James Armstrong injured in the Patriot War. (*See* biography of Dr. Theller.)

Friend Palmer relates that he amputated Levi Bishop's arm, shattered through the premature discharge of a cannon in a Fourth of July salute, but another chronicler alleges that this operation was made by Dr. Zina Pitcher.

Dr. Hurd was a partner of Judge Witherell, whose daughter, Elizabeth Matilda, he married. He brought her with their one child from Vermont to Detroit, in 1819. He bought property on the northwest corner of Woodward and Congress Street for three hundred dollars and built a house, on which in the following year there was a mechanic's lien.

Dr. Hurd was fined twenty dollars and costs in the Circuit Court of Wayne County in 1833 for assault on a constable. He attempted unsuccessfully to replace Dr. Whiting as militia surgeon (*See* narrative of Dr. Whiting) and seemed to have been in need of money although a skillful surgeon and having a large practice "in the rural districts"[2] (whatever these might be). He was expelled from the Medical Society in 1839.

Dr. Hurd's wife died in 1855, leaving the management of her property to Dr. Clark in the interests of the children. Judge Witherell lived and died on the site of the Detroit Opera House.

Dr. Hurd died in 1864 at the residence of his son-in-law in Chicago.[2]

Dr. Ebenezer Hurd "rode a big bay trotting horse on his rounds, his medicine and instruments in ample saddle-bags. This was before his accident on the road from Grosse Pointe when he fell and sustained a hip injury. After this injury he used a gig and his daughters were helpful in gathering up his instruments, splints, and bandages and whatever he would need."[2]

Dr. Hosea P. Cobb, Detroit (1830-1840), was quite successful in his profession, but unsuccessful in a venture in the drug business. His son, Lucretius Cobb, studied with his father, graduated in Cleveland, was successful but not in love with his profession to any great extent, and engaged in real estate and building operations. He associated himself with others in iron mining which was at first successful, but disaster overtook him in the giving out of a mine. He was lavish in hospitality when prosperous and once entertained the entire Michigan Legislature. He was a member of the Fire Department and ran with Engine No. 2 Company. One of the units of this Department displayed the impressive motto—

"When danger calls we promptly fly
And bravely do, or bravely die."

"In the giddy whirl that dominated society here [Detroit] in the early days from 1838 to about 1855 (and it seems to me has never been repeated), Dr. Cobb was ever a prominent figure and always on hand, never needing a second call. Soon after admitted to practice he traveled in Europe with an invalid friend and was enthusiastic in appreciation—particularly of Rome."[8]

According to the Burton Manuscripts he seemed to have lost out in competition with Dr. James C. White in 1837 for the poorhouse and jail position, although his proposal was $30 less than Dr. White's. Dr. George B. Russell's proposal for the same service was for $400.

On his death, April 19, 1866, at the age of 69 years, it was written "that while at the advanced age to which he had attained, it was not reasonably to be expected that such an event could be much longer delayed, yet in consideration of his services to mankind and the value of an experience covering nearly half a century of observation of disease, his death is a public calamity as well as an individual loss to us, his old associates."[7] (Report of a Committee consisting of Drs. Stewart, Pitcher and Brodie—Detroit.)

Dr. James C. White "was an Irish politician, assisted in getting the Irish Catholic Church established on the N. W. Corner of Cadillac Square and Bates Sts."

He was in straitened circumstances and in September of 1837 offered to his creditor, General Williams, a twisted new English gun, "which you are welcome to at your own price," to satisfy a debt. He could dispose of no other article "but my wife's cow which cannot be parted with."

In answer to an advertisement in November of that year he applied for the position of physician and surgeon to the county poorhouse and city prison. His qualifications he enumerates:

> 1st. Speaking the French language.
>
> 2nd. Speaking the German language and many of that nation being inmates of the hospital, say 30 to 40 per annum, this I can safely say from twenty-seven months attendance on the hospital.
>
> 3rd. Inferior to none in my medical ability.
>
> I will if honored with the office attend once or more daily to the Jail and Poorhouse and give, if required, sufficient security to fulfil the duties of the same in the sum of $2,000.
>
> For the sum of $300 providing medicines at the same time, per annum.
>
> James C. White, M.D.[2]

It is a source of relief to know that he was appointed and "performed the duties satisfactorily for the past month."

Writes Charles W. Whipple, A.D.C., on "Order of Major General Williams" from Bronson Prairie, May 39, 1832, concerning the impending Black Hawk War, "A Dr. Weeks who has just returned from near the scene of the recent murders which have been committed on Hickory Creek, South West of Chicago, reports to that effect; he is unquestionably intelligent and respectable . . . Dr. Weeks says that the force of the Indians consisting of Sacs is stated to be seven hundred men."[31]

Credentials and commendation as to intelligence and respectability from such a source are not to be slightingly regarded and the extract is introduced here for the edification and heartening of Dr. Weeks' descendants (should there be any), and the uplift to all and sundry of his successors, many of whom have been falsely charged with lacking in these characteristics. General Williams was suffering from a "severe cold" at the time. Did the Doctor successfully prescribe?

William Ward, though he declared "of news I've none," writes to Lucius Lyon in the eighteen twenties, "Dr. Barker has gone to St. Joseph

—one Doct Hays is not in great favor & one Doct Hendrie's nose is vanishing and one Miss Brown is about to vanish into Virginia."[2]

Readers of this history are each entitled to a guess as to what this means, bearing in mind the asseveration elsewhere made that scandal has rarely smirched members of the profession, and that the "primrose path of dalliance" is distant from their itinerary.

"Adjoining the building was the two story office and residence of Dr. Hendry. It was quite pretentious, had dormer windows and a square roof. The doctor was a Virginian and quite up in his profession, I have heard say."[8]

Dr. Thomas Brown Clark came to Detroit in 1826 and engaged in practice and in the drug business. He practiced medicine in Detroit forty-five years; died in 1871. He was genial and sympathetic and "Uncle Tom" to the young people.[2]

An idea took possession of one John Hunt, "most inopportunely just before court opened, that he was a man of straw legs." His family was much distressed. He lay perfectly helpless in bed until Dr. Delevan came declaring he could cure him. "And so the good Dr. came into the room and asked to feel his pulse. Following this up with a whip that came down on John Hunt's flesh until . . . he ran down the river road in his shirt and his straw legs seemed to do him good service."[31] (Sylvester Larned.)

Aunt Diana Smith, who died in Homer in 1896 at the age of 117 years, "was without doubt the oldest person in the United States." She was born in Connecticut, a slave, and owned by the father of Dr. Luther Hart. The latter, who settled "in Marshall in 1830, was the first physician to practice medicine in this [Calhoun] County." Aunt Diana cared for the children of three generations in the Hart family. She remembered waiting on General George Washington at her master's former home in Connecticut.[31]

Dr. William M. Campbell died of pneumonia at his residence in Battle Creek on the fifteenth of March, 1870, aged 66 years, 6 months.

He was born in Chittenango, Madison County, New York, in 1809, began the study of medicine in 1832, was graduated from Fairfield College of Physicians and Surgeons, New York, in January 1836.

He came from Ohio in 1837 to Battle Creek which at that time was a hamlet of about one hundred inhabitants. "During the sickly season of 1838, when one or more of every family was prostrated by malarial fevers, he was the only practicing physician between Marshall and Galesburgh, riding night and day his Indian pony through the forests, guided by marked trees for many miles in every direction, visiting the log cabins of the pioneers and adminstering to the sick. The 'Little Doctor' soon acquired the reputation of an active, energetic and skillful practitioner." He "entered into partnership with Dr. Cox in 1839 and continued associated with him for nearly twenty years, and, with the exception of one year spent in the Military Hospital at Washington during the late war, he continued the practice of his profession in this city [Battle Creek] until the week before his death . . . He was the first physician that permanently located in Battle Creek, and at the time of his death had practiced in this [Calhoun] County longer than any physician with one exception." (*See* "Extra-Professional Activities" —Scientific, also Antislavery.)

Dr. Zina Pitcher was born in a rural section of Washington County, New York, April 12, 1797. His early training was in the "school of adversity," the district school, and the county academy. At the age of twenty-one he began the study of medicine; was graduated in 1822 from Middlebury Vermont College, and during the course engaged a fellow student to tutor him in the classics. Soon after graduation he was appointed Assistant Surgeon in the Army, "feeling all the embarrassment incident to the assumption of such grave responsibility as his commission devolved upon him without having received one lesson in clinical instruction." He retained his position in the Army until the close of the year 1836, "having been promoted to the rank of Surgeon under the administration of Andrew Jackson while his cherished friend, General Cass, was Secretary of War." During his army service he was stationed at different points on the northern lakes, on the tributaries of the Arkansaw among the Creeks, Cherokees, Choctaws and Osages, and at Fortress Monroe in Virginia.[31]

During his army service he was at one time at the "little frontier post [Detroit], which had a society somewhat remarkable for its refinement and for its entire freedom from stiffness and ostentation."[31] (Judge Campbell.)

His leisure hours, when at the outposts of civilization, were devoted to the study of natural science, to observations on the habits of the Indian race, to inquiries into the nature of their diseases and the means adopted by them for their recovery from sickness. Some of the fruits of his diligence in these pursuits may be seen in the books on American botany in the plants dedicated to him, on the fossils on which his name is inscribed, in his letter to Dr. Morton on the existence of consumption among the aborigines, and in an article written by him on the subject of practical therapeutics among the Indians which is printed in Schoolcraft's "Indian Antiquities." (*See* section on Therapy, Chapter II.)

In 1835 he was detailed to act as member of the Army Medical Board, and in 1839 was invited to serve as member of the Board of Visitors at West Point.

On becoming a citizen of Michigan in 1836 he immediately took part in the political and the educational, as well as medical, interests of the city of Detroit and the State at large. (*See* "Extra-Professional Activities" and "Prevailing Diseases.")

From 1848 to 1867 he was physician at St. Mary's Hospital and, for a time, surgeon of the Marine Hospital, Detroit. He was an active and useful member of the American Medical and other associations and made various addresses to the county, state and national medical societies.

He was honorary member of the New York and Rhode Island Medical Society, corresponding member of the Philadelphia Academy of Natural Sciences, of the New York Lyceum of Natural History and of the New York and Minnesota Historical Societies.

In 1853, with Dr. E. Andrews, he established the *Peninsular Journal of Medicine,* of which he was one of the editors for years. He was a member of the first Board of Regents of the University of Michigan.[31]

He was garrison surgeon at Saginaw in 1823 and 1824 and when relieved by Dr. Whiting was suffering from a malignant fever of such severity that he was being carried about in a chair to attend soldiers who were ill.

He was married to Miss Ann Sheldon in Detroit and took his bride to the Sault Ste. Marie post; from there he went south on military service.

His attendance at St. Paul's was as regular as the service itself unless prevented by professional duties or personal indisposition, but it was not until the last months of his illness that his convictions induced him to request the ceremony of baptism.[2]

His Detroit residence was on the northwest corner of Congress and Wayne Streets.[8]

He was a Whig and in 1843 was nominated by his party for Governor. The interest of the Doctor in the Irish Repeal Association was subjected to criticism by the *Free Press,* "but the Doctor was in good company in his sympathy with the cause of Daniel O'Connell so far as the Detroit meetings would indicate."[2]

He amputated the hand of Levi Bishop which was mangled in a Fourth of July celebration in 1839. Bishop was a shoemaker. After the loss of the arm he was advised by Dr. Pitcher to study law, which he did, and became successful in this profession and as an author.[2]

Hon. Peter White, when a boy and penniless on his way from the copper country, fell into the boat's hold and sustained a fractured arm. Amputation was deemed necessary when he reached Detroit and the surgeon was ready with his instruments. Dr. Pitcher entered the room and advised delay. The case was turned over to him and "though Peter carried his arm in splints for four months it was saved."[2]

Dr. Pitcher died in 1872. At his bedside were medical attendants, old and cherished friends, and his illness with his extreme bodily suffering was largely a matter of conjecture to them all as to its exact nature and cause. With this in mind and being satisfied that an investigation might help them in the treatment of future cases, he requested them to make a postmortem examination.

Mr. Peter White's contribution to a monument over the Doctor's grave coming too late to be used for the purpose, he gave direction for "the planting of flowers each succeeding year on the grave of the good Doctor who had rescued him from life-long disability as a cripple."[2]

Mr. Sheldon A. Wood of Detroit writes: "You will find also inclosed some notes as to Dr. Pitcher's practice, from recollections of my father's acquaintance with the Doctor. My father, a lawyer, was a close personal friend of Dr. Pitcher, and had great respect for him." The notes are as follows:

"Dr. Pitcher was ahead of his times in many ways. He strenuously opposed a popular practice of his day—bleeding [phlebotomy—venesection]—and denied any virtue in the practice.

"Another popular resort of the medical fraternity was salivation. This was produced by administering large doses of calomel, followed by draughts of lemon juice. He was very angry when he learned that a sister of my mother, who was away visiting, had been subjected to this treatment by a local physician.

"Although antisepsis and the activity of the microbe were then unknown, he showed in his practice that he had anticipated the discovery, for he insisted upon scrupulous personal cleanliness. Although beards were then in fashion he was always clean-shaven. My mother says he washed his hands many times each day. He believed in the efficacy of chloride of sodium, common salt, as a cleanser. Recommended its use in catarrhal affections and in bathing. He told my father, who was a lawyer and personal friend, that he believed personal cleanliness was a preventive of disease and that 'salt was a common, but efficient cleanser and should be used with plenty of soap, in bathing.'

"His military service, in the forties, while in Mexico and New Orleans, brought him in contact with yellow fever. In suspecting that the mosquito had some connection with yellow fever, he was some sixty years in advance of modern practice. A book he gave my father 'Three Years in North America,' written by James Stuart, an Englishman, recounts experience with this scourge in New Orleans in 1830. The book was published in 1833. On the flyleaf is written 'Z. Pitcher.' On Page 126, Volume II, I find underscored in pencil this statement, 'The mosquito is universal among all classes of people here; indeed the loss of rest from the sting of the mosquito has frequently been known to bring on fever.'"

The Medical History Committee is deeply appreciative of a communication from Mr. George B. Catlin, historical editor of the *Detroit News*, from which the following extracts are made:

Dr. Pitcher was "always an ardent advocate of free schools and higher education. Up to his time public schools depended upon the meager returns from the sale of school lands for their support. When the money gave out the schools were closed. Dr. Pitcher shamed the citizens into taxing themselves for the support of primary schools and so he has been termed the 'father of free education in Detroit at public expense.' The Pitcher school was named in his honor, also Pitcher street which was recently attached to Stimson and the name of Pitcher dropped."

"In 1842 ex-president Martin Van Burean visited Detroit and was entertained in Dr. Pitcher's home, Congress and Wayne, n.w. Headed a petition for the creation of the office of city historiographer in 1842, and the office was established. Editor of *Peninsular Journal of Medicine* in 1855. Librarian of the Historical Society of Michigan in 1837. One of the incorporators of the Detroit Savings Fund—which developed into the Detroit Savings Bank, —in 1849."

"Always a student of natural science and of the lore of the Indian Tribes. As a result of his contributions to American botany several plants have the specific name 'Pitcheri.' Also a number of fossils."

"One of his notable contributions was a paper on the 'Condition and Prospects of the Indian Tribes.' An intimate friend of President Jackson, John C. Calhoun and Lewis Cass."

"In 1839 served as one of the board of visitors to West Point Military Academy. Framed legislative act for the establishment of public schools at public expense in Detroit."

"In 1859 appointed by President Buchanan as Examiner of the government mint. Whig nominee of the Henry Clay party for governor of Michigan in 1844."

"Made many public addresses and was honorary member of several state medical societies, as New York, Rhode Island, also New York, Minnesota, Historical Societies, Philadelphia Academy of Natural Sciences, natural history societies of several states and trustee of the Michigan State Insane Asylum."

"An able, friendly and charitable physician and universally loved and respected. Died, April 5, 1872. Associated with Dr. David O. Farrand, firm of Pitcher and Farrand, office at 58 Congress west."

Dr. Nathan M. Thomas, who came to Kalamazoo County in 1830, was the first physician there and settled in Prairie Ronde. He was a birthright member of the Society of Friends, "an early and earnest advocate of the abolition of slavery," was the friend and helper of the fugitive slave and his home was a station on the underground railway. He left an exceedingly interesting autobiography.

His grandfather was in the British service under Braddock. His father was drafted in the War of 1812, but was not called; would have refused to serve had he been summoned "no matter what the penalty." Fines had indeed been imposed upon his father from time to time and his property taken to "satisfy the law." The grandfather had considerable possessions in North Carolina, whither he emigrated from Delaware, but "situated in a slave country" the amount, comments Dr. Thomas, "realized from it was comparatively insignificant." Through marriage the family was related to that of Edwin M. Stanton, the son of a physician, Secretary of War in the Cabinet of Lincoln.

Dr. Thomas was born January 3, 1803, in Jefferson County, Ohio, whither the family had journeyed in the preceding year by vessel to Baltimore, from thence by six-horse team. The family lived in a log cabin erected upon government land. His schooling was received in the county of his birth and he taught for a time in Zanesfield. In 1825 he began the study of medicine with Dr. Parker of Mt. Pleasant, and in 1828 was graduated from the Medical College of Ohio, Cincinnati.

Neither the village of Schoolcraft nor Kalamazoo was in existence when after vicissitudinous travel he arrived in Prairie Ronde. He practiced alone until assistance came from his brother, Jesse. "Our practice" must have been for the times quite remunerative, amounting in 1838 to "four thousand dollars."

Dr. Thomas was thrifty—made wise investments in land in Michigan and in soldiers' land warrants, and through foresight was enabled to escape loss from the "wildcat money" of 1837-1838.

He relinquished practice in 1854, died at Schoolcraft, April 7, 1877. Of him his wife has written, "The attending physician in our family, Dr. N. M. Thomas, whom I afterward married, was an ardent anti-slavery advocate. He was a birthright member of the Society of Friends and from youth had been taught to abhor slavery. I thought him fanatical when he asserted 'slavery cannot continue to exist under our Government. If it is not put down by a ballot it will go down in blood.'" This was many years before William H. Seward wrote "The Irrepressible Conflict." His political activities and experiences as a pioneer are elsewhere recorded.

A fine type of pioneer physician was Dr. Henry Carlton Fairbank of Flint. He was born in Rose Township, Wayne County, New York, December 30, 1824. His father, likewise a physician, or rather a "farmer and medical practitioner," traced his ancestry back to a settler who came from Wales in 1633.

By canal boat, Zenas Fairbank, the father, and his family made the journey to Buffalo, and by steamer to Monroe, arriving in Michigan, November 21, 1835. In the following spring they moved to Linden and located on a piece of government land on the west bank of Silver Lake. They began at once to clear land and "put in a few simple crops," but "no pen can describe the hardships in the efforts to gain a livelihood." The "howl of the wolf was of common occurrence and the long trips to Pontiac and Ann Arbor for flour were attended with the greatest difficulty, not to say danger. Zenas Fairbank had some knowledge of medicine and practiced all through the neighboring county, sometimes going ten or fifteen miles for fifty cents or even a few vegetables for his pay."

Dr. H. C. Fairbank "went to school with his brothers in an old log school house and studied such books as he could buy or borrow by the light of a pine knot or the glow or the old-fashioned fire place." For two or three winters he taught country school.

At a barn raising appeared a Scotchman with some knowledge of phrenology. He examined Henry's head and predicted a useful career, whereupon Henry took up the study of medicine.†

He studied at home and rode a pony to Fenton to recite to Dr. J. C. Gallup; worked on a farm two summers, took for his pay two yoke of steers, traded them for land, sold the land and was enabled through the money obtained to attend Willoughby Medical College near Cleveland where he was graduated in 1844. His thesis was on "Changes of the Blood," and was pronounced an able paper.

He located at Fenton. There on one occasion he nearly came to grief. With a chum he had concealed a macerated skeleton where, on a circus day, it was discovered by individuals, who without means to pay for entertainment in a hostelry, had "hit the hay." They spread the news of a grave robbery and there was talk of lynching or transportation on a rail, but the matter was satisfactorily explained by the youthful seekers of new light in Osteology.

In '47 or '48 Dr. Fairbank bought the practice and home of Dr. James King of Grand Blanc. His rides were long, and exposure in severe weather undermined his health. Accompanied by a wife to whom he had been recently married, he started for Texas to recuperate. On the way thither frequent pulmonary hemorrhages occurred.

He found gratifying hospitality en route and was frequently succored and entertained by kindly disposed people. He recovered a degree of health, and wrote interestingly of the trip; the letters are published in "Michigan Pioneer and Historical Collections," Volume XXIX, Page 137.

Dr. Fairbank contributed to Volume I, *Peninsular and Independent Medical Journal,* a report of "A Case of Idiopathic Tetanus."

He was an active member and sometime president of the Genesee County Medical Society; was a prominent factor in the organization of the State Medical Society and "frequently attended the meetings of the American Medical Association as a delegate"; was "devoted to his profession, his family, his church and his books"; was "an omnivorous reader"; was "well known as a raconteur, and was the life of any social gathering." He was twice married—to Harriet Waterman, who died in 1852, and to Mary A. Rice, who survived him. There were three daughters and one son by the first marriage. He was a member of the Court Street Methodist Church, Flint, to which place he moved in 1864." (*See* Extra-Professional Activities.) He did not relish innovations, apparently. Writing, in 1881, of the proposed adoption of the metric system, he called it an "exotic" which he hoped the profession of this country would not fall for, although this was not his expression. "Foist" and "thrust" were the more conventional terms at that period and these he employed in disparagement of the attempt to introduce among the innocent this "Gallic monstrosity."[30]

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†This is not so difficult of understanding in the light of history of the '30s. The location of prominences on the skull and speculation concerning their significance as related to brain development and character formation was then a popular pastime. As might be conjectured from a well known flair for the "fundamental," embryologic theologians fell for this foible, among them Henry Ward Beecher, who, at the age of 21, discovered that phrenology "brings new aid to the statesman, the lawyer, the physician and the minister of Christ in their benevolent efforts to benefit society and gives them a new power over the intellect and the will." On his election as president of the Society of Natural History at Amherst, he delivered "an able address upon the subject [phrenology] expressing the futility of the objections offered against the science and exhibiting and defending its *fundamental* [italics mine, C. B. B.] principles." (From Paxton Hibbin's "Henry Ward Beecher," Pages 58 and 59.)

"Dr. Henry Carlton Fairbank was born in Rome, New York, December 20, 1824, and died at Petoskey, Michigan, July 5, 1897. He graduated in medicine from Willoughby College in 1844. He first settled at Linden, Genesee County, and from there moved to Grand Blanc in 1848, and to the city of Flint in 1864, where he continued in active practice up to the time of his death. He was a conscientious, upright and honorable gentleman, in all the relations of life, very successful as a practitioner of medicine, and left a memory fragrant with the aroma of generosity and kindness to the poor and suffering in the community where he lived so long, an honor to the profession and to the city of his adoption. Dr. Fairbank was a member of the American Medical Association and of the North-Eastern Medical Society of Michigan."[35]

For further information concerning early medical pioneers of Genesee and neighboring counties, the Medical History Committee is indebted to Dr. Wells C. Reid of Goodrich for the transcription of a comprehensive article which appears in the chapter devoted to Medical Societies.

Other contributions for which readers as well as the Committee must be greatly obligated to Dr. Reid, will be found in Chapter V.

In a company which came to Grand Rapids in 1833 was Dr. William B. Lincoln. It was "Aunt Hattie" (Burton) who relates the story. "At Pontiac Mrs. Dexter's youngest child, a boy, became sick with scarlet fever and seemed to grow worse every day." When the party reached Lookingglass River their "provisions were nearly gone, and we could not stop, but about noon Mrs. Dexter called a halt, noticing the change in the boy. Dr. Lincoln gave him some medicine, but in a few minutes the little sufferer was dead."[17]

Dr. Lincoln was probably the skillful physician referred to in a letter.[17]

For further information concerning Dr. Lincoln, see "Pioneer Experiences."

Hon. E. L. Brown writes of a trip from Ann Arbor to Kalamazoo in 1830, "At Battle Creek we got dinner with a Dr. Foster, afterwards a resident of Kalamazoo, and later of Otsego, venison and cranberries being the staple."[21]

Dr. William H. Fox "of Genesee, New York, was for many years a distinguished physician and surgeon in Michigan, beginning the practice of his profession in 1830 at the town of Schoolcraft, and continuing there until his death. Dr. Fox was a graduate of the New York School of Medicine, New York City, and achieved much more than a local reputation as a practitioner and amassed quite a fortune, the greater part of which was lost in the collapse of Jay Cooke's great Northern Pacific Railway scheme. He was public spirited and to him as much as to any one individual is the town of Schoolcraft indebted for much of the prosperity it now enjoys."

He was a Knight Templar, a Republican. His death occurred in 1879.[4]

Dr. Stephen A. Wilson and Dr. Charles Shepard came to Grand Rapids in 1835.[17]

The following is from the pen of Dr. Schuyler C. Graves, formerly of Grand Rapids:

"The medical history of Grand Rapids may be said to date from January 1, 1835, on which day Dr. Jason Winslow, then of Gull Prairie, Kalamazoo County, reduced a dislocated hip on the person of Joel Guild. Grand Rapids was then a village of less than one hundred persons, and there being no physician nearer than Gull Prairie, Dr. Winslow was called by Richard Godfroy to attend to Mr. Guild's case.

"The first physician to settle permanently within the limits of the present city was Dr. Stephen A. Wilson, who arrived in August, 1835. In the spring of 1837 he formed a co-partnership with Dr. Charles Shepard, the association lasting until 1839, in the fall of which year Dr. Wilson died. Dr. Charles Shepard, who still [1891] practices his profession in this city, was the second resident physician. He arrived October 20, 1835, only two months after Dr. Wilson came. The third was Dr. Gravelle, a young French physician, who came in the spring of 1836, but remained only until the fall of that year. Dr. Jason Winslow, the physician who rendered the first professional service in the community, was the fourth to settle here. He came from Gull Prairie in the spring of 1837. He was of New England stock and had practiced in Stockholm, St. Lawrence County, New York, before coming to Michigan. After a residence of six years in Grand Rapids he died, March 15, 1843. Dr. F. J. Higginson was the fifth. He came in 1839. He also was a New England man, a graduate of the Medical Department of Harvard College, and had practiced at Cambridge, Massachusetts. He remained in Grand Rapids only about two years; removed in 1841 to Brattleboro, Vermont, where he practiced many years and where he died.

"A few of the other pioneer physicians of this community, with date of arrival, are here named in the order of their coming. Alonzo Platt, in 1842; Philander H. Bowman, in 1846; Charles L. Henderson, in 1847; Wenzel Blumrich, in September, 1848; Alfred Garlock, in 1849."[17]

Dr. Alfred Garlock (1824-1884) "was for thirty years and more the most widely known of the physicians of this City and County." He had a "frank, genial, pleasing way that won the confidence of his patients," and "few even of his profession, leave a richer legacy of love and grateful remembrance."

The above tribute from the pen of Dr. Schuyler C. Graves in the chapter on "Medicine and Surgery," History of Grand Rapids, need not, in view of its authorship, be discounted or questioned.

Dr. Garlock, a graduate from Buffalo in 1849, opened an office in Grand Rapids the same year. He was "literally worn down to his death" in the practice of medicine.

Dr. Charles Shepard, "the oldest surviving [1891] representative of the pioneer practitioners of Grand Rapids," was born in 1812 in Fairfield, Herkimer County, New York. After practicing six months in Jefferson County, New York, following graduation at Fairfield, he located in Grand Rapids, October 29, 1835, "being the second physician to settle within the limits of the present city, Dr. Stephen A. Wilson having been upon the ground in August of that year." A partnership was formed between these which continued until the spring of 1839.

"He had practiced fifty-four years in Grand Rapids and is still [1891] devoting himself to important surgical work and consultation. As a surgeon he takes high rank."

He was president of the Grand Rapids Medical and Surgical Society four times; of the Michigan State Medical Society, in 1886; was a member of the International Medical Congress, 1876, of the American Microscopical Society, of the American Association for the Advancement of Science and of the American Medical Association; was in 1891 chief of staff at the U. B. A. and consulting gynecologist to St. Mark's.

He was a member of the Common Council in 1853 and 1854, and mayor of Grand Rapids in 1855.[17]

Doctor Shepard died at Grand Rapids, Michigan, March 8, 1893. He was a "pioneer physician whose name is a household word not only in Grand Rapids but throughout the State."

"He spent his early youth at school and with his father in the carpenter shop." He was graduated in March, 1835, from Fairfield Medical College, New York, came to Grand Rapids in the same year, announcing that he "had come to stay and grow up with the promising Village."

His first call was to Ada where he vaccinated 150 Indians on a contract. He made professional visits in the wilderness on horseback, frequently riding fifty miles to see a patient. He "was guided by one undeviating principle in those days—if called he went, no question of compensation was allowed to be a factor in the case. The demand meant necessity, nobody had time to nurse fanciful disorders. When done with the case he went home to sleep, no matter what hour, and it came to be understood that absence from home invariably meant professional business."

He performed some notable surgical operations in 1837 upon sailors suffering from freezing in consequence of shipwreck near Muskegon, was "noted as a surgeon," and "in treating the diseases of women his practice was simply unlimited." He visited medical and surgical institutions in New York in 1843, 1860 and 1872; was president of the State Medical Society in 1886 and had been president of the Grand Rapids Medical Society. In 1876 he represented Michigan in the International Congress at Philadelphia. He was a Mason. In later years from evangelical belief he turned to the doctrines of Swedenborg. He was also "converted" from democracy in 1848.

He was president of the Board of Managers of the U. B. A. Home and chief of its medical staff, and held an honorary position on the staff of St. Mark's. He had an excellent library and was greatly interested in microscopical research.[31]

"Some of you will remember the home of Colonel Roberts—a quite palatial mansion for those days, situated where is now the Peninsular Club building. Dr. Shepard's home was next adjacent on the hill, then came Deacon Haldane's and his noted grapevine, from which was produced the wine that supplied the communion tables of the town."[31] (Events in Grand Rapids from 1850 to 1860—Harvey J. Hollister.)

Wednesday the 23d ult. [January, 1878] Dr. Chas. Shepard of Grand Rapids performed his ninth operation for Ovariotomy . . . "The patient bore the operation well and bids fair to make a good recovery."[30]

"The patient bore the operation well and bids fair to make a good recovery."[30]

The address of Dr. Charles Shepard of Grand Rapids as president of the Michigan State Medical Society dealt with "The Evolution of Man and our Relation to him as Physician."[35]

He said rightly, "few of us can claim to be original thinkers and discoverers; our thoughts come and go like birds of the air, whence they come and whither they go, we cannot always tell."

The above might have been put very much more strongly with complete regard for the truth (if there's any such animal in captivity).

The Doctor said that the world is outgrowing its infantile and fossilized state and demands a theory consistent with scientific induction, which may not shrink the test of enlightened discussion. The following lines appear between quotation marks, "Hence the origin and growth of the doctrine of evolution founded on a series of facts inconsistent with the old faith." The source of the quotation is not given, but Dr. Shepard declares that evolution of some kind is now the prevailing idea with men of science.

Apparently he was in accord with Mr. B. G. Ferris, whose theory "in short, is this; that at each advanced step in the creation of the different species of animals, from the monad to man, a prior living organism is used by the Creator as an ovum, or matrix, to produce a new species without the aid of the ordinary paternity required in reproduction; and precisely in the same way that the lowest animal was produced by creative influx into a matrix of prepared early material. Reproduction requires the coöperation of the animal sexes, while original creation does not."

If this is a straddle, the reader may make the most of it. It is reproduced in the hope of smoothing the feathers of the fundamentalist.

Dr. Shepard discusses the relation of physician to man and hands to the former a somewhat difficult contract—"to teach man to know himself; teach him all the laws of health, and set before him the consequences that are sure to follow their violation." He rightly asserts that "the millennium has evidently not yet come." Forty years later we may perhaps be said to be on our way but the present reviewer sees no symptoms thereof. The sentiment at the close of the address is as good as any:

"All at once, and nothing first—
Just as the bubbles do, when they burst,
End of this wonderful lump of clay.
'Logic is logic,' that's all I say,
Save that man will pass on to a brighter day."

And should, but it won't, answer the optimist's requirements.

Dr. Lemuel D. Putnam, born in Herkimer County, New York, in 1833, came to Grand Rapids in 1846, and was a partner of Dr. Shepard in the drug business elsewhere sarcastically mentioned by an anonymous writer. He also practiced medicine. His death occurred in 1895.

He was director of the City National Bank, a member of Chi Psi Union College; was highly esteemed.[4]

Dr. Stephen A. Wilson was "the first physician to settle within the limits of Grand Rapids"; born in Herkimer County, New York, in 1810, a graduate from Fairfield, he came to Grand Rapids in 1835 and was a partner of Dr. Charles Shepard from 1837 to 1839.[17]

Dr. Arba Richards came to the town of Vergennes, Kent County, in 1839; afterward moved to Lowell where he died in 1870. "He was a man of mark in his profession and highly esteemed as a citizen."[17]

Oscar Harry Chipman, "one of the oldest surviving members of the 'old guard,'" Grand Rapids, was besides Dr. Charles Shepard the only remaining (1891) of the "early practitioners of the Grand River Valley."

Born in 1807 in St. Lawrence County, New York, a graduate from Fairfield Medical School in 1833, he settled in Oakland County the same year. There he practiced until 1852 when he came to Grand Rapids.

Although retired from regular work (in 1891) he was a frequent attendant at the meetings of the medical society.[17]

Dr. Wenzel Blumrich (1812-1862), a native of Bohemia and graduate from the University of Prague, 1839, settled in Grand Rapids in 1848.[17]

He brought with him a "knowledge of Latin, German, French and Spanish" which might even then, have been useful in the melting pot.

Dr. George Kinney Johnson, a pioneer physician of Grand Rapids, came when 14 years of age (in 1836) to Brighton, Livingston County, from Cayuga County, New York. "The country was new and almost without settlement. But the time so spent [on a farm] he remembers with pleasure and regards the experiences of pioneer life . . . as wholesome."

At the age of eighteen he attended McNeil Academy, Ann Arbor, twenty-two miles distant, "every month walking to and from his home. He was at that school when the cornerstone of Michigan University was laid." He began medical study under Dr. Bingham of Brighton, "an eccentric old bachelor," and in March, 1846, was graduated at Cleveland Medical College (Department of Western Reserve). In the June following he located in Pontiac, and his practice ranged over large portions of Oakland County. His health broke in consequence of excessive work, and in 1852 or 1853 he moved to Detroit, but health was not regained. In 1856 he came to Grand Rapids in the interest of the Detroit and Milwaukee Railroad (now Detroit, Grand Haven and Milwaukee), and in the following year spent several months in England. In the spring of 1859 he was elected mayor of Grand Rapids; declined a second term; was able to resume professional work in 1860. "In 1861 the great war drew him into its vortex."[17]

Dr. John H. Hollister, born in Livingston County, New York, in 1824, a graduate from Berkshire Medical College in 1848, practiced medicine in Montcalm County in 1848, and came the following year to Grand Rapids, where he remained for six years. He was "an influential factor in local political circles." In 1855 he moved to Chicago; was "a prime factor in the incorporation of the Chicago Medical College" and Professor of the Principles and Practice of Medicine and Pathology therein.

In 1889 he was appointed Supervising Editor of the *Journal of the American Medical Association.*[17]

Dr. Samuel G. Milner writing on "Homeopathy" for the History of the City of Grand Rapids finds "it may be well to state briefly the origin and nature of that system of therapeutics."

It means, "in brief," he writes, that "no remedy should be given to the sick that has not been carefully proven upon persons in health"; and this "method of prescribing, being founded upon a scientific law *(similia similibus curantur)* is vastly superior to the old or empirical practice."

"It has not been claimed by Hahnemann or his wisest followers that this system was fully adapted to, or capable of application in the relief of all conditions of suffering or disease."

"The appended biographies show that Dr. John Ellis from 1843 to 1845 was the first physician in Grand Rapids to practice Homeopathy."

Dr. M. A. Patterson of Tecumseh took his Black Hawk War and Ohio border war seriously. As to the former he writes, "The alacrity then with which the Eighth Regiment, composed of citizens of this valley, marched to the relief of the settlement beyond us, when they had reason to expect a bloody contest, proved that our pioneers were of the right stock, and as ready to fight as work, when occasion demanded an exhibition of their prowess." The details were, however, "too voluminous for our present purpose."

As to the "Toledo War" he writes, "Seven or eight times during a period of thirty years, and down to the very time of the contest, Ohio had solicited Congress to sanction her claim, or, in plainer language, to gratify her ambition for territorial aggrandizement. . . . But when was unscrupulous ambition ever arrested by simple appeals to the eternal principles of justice and right? Governor Lucas . . . called out a body of his militia . . . A *posse* strengthened in Adrian by a few recruits . . . by a rapid march surprised a division of the surveying party of Ohio with their military escort . . . and surrounded the house," where they were "comfortably refreshing themselves," without the "least suspicion that the Wolverines were on their trail."

The Michigan "judge with his customary politeness took off his cap and after making his best bow, civilly requested them to surrender" but "Colonel Hawkins fiercely demanded by what authority" and so on. Thereupon Judge Blanchard, still suave, cited Michigan's "Legislative and Executive power." To "make it more emphatic, in a loud voice, so that the outsiders might hear him, Colonel McNair exclaimed "by virtue of the *posse* of Wolverines here present we will arrest you."

It was evidently a tense moment. The Ohioans leveled their pieces, in "an instant" and "threatened to shoot," but "the *posse* gave a shout that took the pluck out of the invaders." Obviously nothing was left for them but to "dash for the door," and take "to their heels."

Dr. Patterson thinks "perhaps" the fleeing ones may have learned from Hudibras that

> He who fights and runs away
> May live to fight another day

but this, at best, is problematic.[11]

Dr. Patterson accords "no merit" to the act of Congress "giving us in exchange the Lake Superior district, for this was before the discovery of its wealth of minerals, and it was regarded on all hands as almost worthless." In this he is probably correct, otherwise Mr. Adam would have patiently pointed out his error, as he did in several other matters.[11]

Others besides Dr. Patterson, were alarmed by rumors of the Black Hawk War. "Cowards wept like babies." The war "and the cholera that year were about as much as Adrian could stand. The nearest case of cholera was in Detroit and the nearest hostile Indian to Adrian was beyond the Mississippi River."[11]

In the Black Hawk War, Dr. David E. Brown of Schoolcraft was a colonel and moving spirit. At a public meeting a letter purporting to be from him was read "containing the information that the Indians in Northwestern Illinois or *somewhere* in that distant region had taken up the hatchet and were on the war path." The assembled group interested in preparedness were all "acquainted with Dr. Brown and knew all about Prairie Ronde and its big island but they did not know how Dr. Brown obtained his information." However, "sectarian or sectional discussions were for the time laid aside."[31]

Certainly—though the ways of a doctor are often inscrutable, his word is sufficient. He "marched to Niles with the others," but "nothing came of it [the war] save the terror it excited stopping emigration . . . not a little fun, as well as many uncomfortable incidents grew out of it."[31]

Doubts there were as to whether *Colonel* Brown had received any military commission but "through the politeness of a much esteemed friend," Mr. Henry Little of Kalamazoo was able, *in 1875*, to dispel them. "This commission as it now lies before me," he writes, "this choice relic of the past is a fresh reminder of the olden times, with all its associations, with all its varied, moving, active, exciting scenes and stirring events, and especially of him who had the distinguished honor to hold this commission,† of the able, faithful and impartial manner, he met and discharged all the duties of life both public and private."[31]

Mr. Little suspects that the commission was given to "legalize Colonel Brown's previous acts" and that nearly all his labors in camp and field were performed before the colonel took the oath of office, June 15, 1832. He does not "censure or malign Colonel Brown. He was one of our worthy and highly esteemed citizens, and unquestionably intended to do the best he could under those trying and perplexing circumstances."[31]

Certainly—thus doctors have as a rule acted in grave emergencies. The teeth and the bit have been in close propinquity.

Dr. David E. Brown was born in Loudon County, Virginia, June 20, 1795; was graduated at the Medical Department, University of Pennsylvania, "and was a remarkably well educated physician for that time." He settled in Schoolcraft in 1830. For some time he was professor in a medical school at La Porte, Indiana.

He came to Prairie Ronde in 1830 but later than Dr. Thomas.[1]

He represented Kalamazoo County in the Legislature of 1839-1840.

In 1852 he moved to a farm in Pavilion. His death occurred May 13, 1871.[29]

Dr. David E. Brown "of Virginia Corners, in Schoolcraft township" attended "principally to the sick of this town [Brady, in 1838] and nearly *all* were ailing and his doses are remembered with pleasure [?] by those who were under his care. . . . In 1838, also, Dr. H. A. Baker began the practice of medicine in this township."[21]

The residence of Dr. David E. Brown on Pickerel Lake, township of Pavilion, Kalamazoo County, was "the abode of hospitality."[21]

He had "clear perceptions, sound reason and general good sense" with "energy, high-bred courtesy and integrity."[21]

Dr. John Webb came from Canada to Comstock, Kalamazoo County, in the early thirties; was a stirring man and proud of his profession. He rode a stout coal-black pony . . . the wickedest little goer that ever shook mud from his feet." He died in Schoolcraft.[21]

Dr. Jason Winslow, a "well-read and able physician," was in practice in Comstock in 1835.[21]

Dr. McGee was in practice in Comstock about the same time and Dr. Tucker in 1837.[21]

Dr. I. J. Babcock, a graduate at Willoughby Medical College, Ohio, came to Kalamazoo in 1843; was a student in the Branch University there for two years; practiced in Climax until 1846, in Galesburg for eighteen years; engaged in the drug business at Kalamazoo in 1867.[21]

"The physicians in Kalamazoo [in 1846] were Drs. Starkweather, Sprague, Howard, J. Adams Allen, Starkey, Stewart, Hill, Swan."[32]

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†From Governor Stevens T. Mason, June 7, 1832.

Dr. Reuben Barrett came to Kalamazoo in 1836, practiced medicine, kept a boarding house, engaged in trade.

Dr. George Browning, a settler in the same year, opened the "first regular drug store."[21]

Drs. Stuart, Ransom, and S. Axtell came to Kalamazoo in 1837.[21]

Dr. E. N. Colt came to Kalamazoo in 1838.[21]

Dr. Edwin N. Colt was a resident of Kalamazoo County 1836 to 1843; was postmaster at Kalamazoo in 1841-1842.[21]

Dr. Starkweather was a contemporary of Dr. Colt. He died in 1854.[21]

Dr. Howard, also an early practitioner in Kalamazoo County, died about 1860.[21]

The elder Dr. Axtell (there were two brothers) died from a dissecting wound in 1854.[21]

Dr. James Porter came during the year 1839 to Richland, Kalamazoo County.[21]

He "was a good physician and a good preacher of the gospel. He died early."[21]

Dr. Cyrenius Thompson was a member of the Presbyterian Church when first organized in Richland in 1831. "He led an active useful life and was foremost in sustaining religious interests"; was "devoted to farming" and "did not follow his profession." He died in Gun Plain.[21]

Biologists, necrologists and statisticians are enjoined from drawing any deductions from the foregoing extracts.

Dr. David E. Deming was the first settler in the township of Cooper. "He made an entry of land on Section 2 in 1833 and became a permanent resident in March 1834." Previously he had "erected a comfortable shanty" on his land while in a "temporary abode on Gull Prairie." Soon after he had a "more spacious frame dwelling."

He gradually relinquished practice "for the pursuits of the agriculturist," having inherited a "strong love of nature."

He was of "strong religious convictions"; was first Supervisor of the Township and represented his district in the State Senate. He died in 1879 at an advanced age.[21]

"In 1849, Dr. L. W. Lovell located at his present residence [in Climax, Kalamazoo County] near the corners, and was the leading physician in town until 1862. Dr. I. J. Babcock had built a house near the corners and located a short time previously but he did not stay long."[21]

The following item of interest is taken from the *Kalamazoo Gazette:* "The first settler in Augusta, of whom there is any record, was Dr. Salmon King, born at Bennington, Vt., in 1784. He settled on the present village site in 1833. He built a home which was later remodeled into a tavern. In 1832, Dr. King built the first frame home hotel at Augusta. His medical practice was extensive and he had a wide acquaintance. Dr. King died in 1855."

Dr. Charles P. Parkill was born in Lewiston, Niagara County, New

York, December 29, 1821. His parents came to Michigan in 1834, located near Ypsilanti; moved to Tecumseh in 1836. He was graduated in Tecumseh High School in 1838 and taught district school in the years 1840-1841; came to Owosso in 1841 and was employed in the Argus printing office in that place of two hundred inhabitants which received mail once a week by means of a rider on horseback. He began medical study with Dr. A. J. Patterson in 1844, combining this with school-teaching in Owosso and census-taking for Shiawassee County, then of 2,500 population. He graduated in medicine at Willoughby College, Ohio, in 1846, reached Detroit with twelve and a half cents in possession, and Owosso in due time, how "no one ever knew but himself," he having been crippled at the age of ten by the careless handling of a corn knife and "the quackery of the attending physician." (An ankylosed knee bent at a right angle resulted.)

When he hung out his sign at Bennington, he was one of five doctors in the County of Shiawassee. He was without a patient from May until September but "fortunately for him the fall of 1846 was what was termed a sickly fall and from his first professional visit he was in the saddle, day and night. For twenty years he was the leading and about the only physician in the county." In 1865 growing weary of his laborious practice he sold his property in Bennington, and moved to Owosso where he remained as senior member of the firm of Parkill and Son, Druggists and Chemists, until his death, November 28, 1893. "He could find good in all men, in all sects, in all parties," was "truly a Christian at heart and prominently identified with the County Sunday School Association."[31] Mention is made elsewhere of other of his public activities.

At the annual meeting of the Michigan Pioneer and Historical Society in 1888 he read a paper entitled "The Famine and the Fright, an Episode of Pioneer Life." He was representative from Shiawassee County in 1857-1858.[29]

Dr. Arthur Livermore Porter was born in New Hampshire in 1794; received his medical degree at Dartmouth in 1818, studied in London, Dublin, and Edinburgh, and became a competent chemist. After a trip abroad to obtain for the New England manufacturers scientific information on methods of dyeing, he located in Detroit in 1828.

He was of exceptional medical attainments, a skillful surgeon, kindly in disposition and upright in principle.

He died in 1845 from erysipelas, and "whatever opposition he had encountered in his determination to awaken the West to a true view of the slavery question was forgotten in the desire Detroit then expressed to show its genuine respect for his personal character." "We have never known," stated the *Advertiser*, "a more general expression of regret on the decease of any citizen."

His death was much regretted among men of science in the East. One New Hampshire writer expressed himself as follows: "The scientific world has few men in it of higher or more beautiful attainments. Science was as familiar with him as experience and all his experience had the intelligent beauty of science. His profound knowledge of nature always seemed to be native to him, it had so little the character and appearance of acquisition."[2]

"Dr. A. L. Porter was another homely man but a good doctor who was here in 1845 and before."[8]

Dr. Richards, the first physician (in Romeo) located east of Abbott.[22]

"The first physician was not Dr. Richards but Dr. Green. . . . Rumor at this late date gives him the name of hurrying two of the early settlers over the silent river. The two persons were Mr. Healy and Mr. Webster. Mr. Healy was the first man who died in this vicinity."[22]

There you are. In all probability there wa'nt no Doctor Green.

"In 1825 or 1826 Dr. Henry Taylor located at Mt. Clemens. Previously he was a practitioner at Stony Creek."[22]

With his son he contributed to the establishment of the Mt. Clemens baths in the early seventies. They "commenced it with a few tubs."[22]

The present residence of Thomas Foster, built by Dr. Hall in the summer of 1837, is considered to be one of the first brick dwellings erected in the city—Mt. Clemens.[22]

"The dawn of last Sabbath, October 24, 1897, rose upon the sunset of life for Dr. Wm. B. Sprague, and between the morning and evening of his existence more than a century of time had elapsed. The weight of years had rested lightly upon him until but a few months ago, when the burden became too heavy, and with an abiding faith, a mind serene, and in the consciousness that the 'everlasting arms were underneath' he willingly went home to his Father's mansion. He had lived to see the open prairie, where Coldwater stands, adorned with a beautiful city. He came here a young man, and after his work was completed and the evening shadows of life fell about him, he lived the life of a country gentleman, with his books and papers, and his presence always reminded one of the courtly gentlemen of the olden time, whose knightly bearing was as simple and graceful as it was noble and grand.

"Dr. Sprague was born at Malta, New York, February 28, 1797. He married Miss Mary Smith at Honeoye Falls, New York, in 1831, and they came to live in Coldwater in 1835. He was identified with the early history of the city, and was honored by many local offices, besides being chosen to the State Legislature in 1846.

"The Doctor was born before the close of Washington's administration and consequently had lived under every President of the United States. Five children were born to him—Francis, Mary, Phoebe, Sophia and Emma—the four sisters still living. His wife died many years ago, and since that time he has lived with his son and daughter, Mr. and Mrs. A. C. Burdick, at the old homestead. As a pleasant feature to relate, his friends enjoyed recalling how the Sabbath day figured conspicuously in certain events of his life. He was born on Sunday, attained his majority on Sunday, celebrated his 100th birthday on Sunday, and on Sunday he died. He was truly a 'Sunday child.' "[31]

Dr. Marshall Chapin was born in Massachusetts in 1798, graduated in medicine at 21, in 1819, and came directly to Detroit; was appointed by Governor Cass, surgeon of the garrison "and became the leading physician of the town." He also established the first exclusive drug store. He was a whig in politics and sincerely devoted to democratic principles. He was highly popular, never neglected a call and never made an entry for services to poor people. "Worn out by arduous and humane labor he died at an untimely age [in 1833], but left a memory of devotion and self-sacrifice to his children and fellow citizens."[2] Elsewhere appears a record of his extraordinary services in cholera epidemics and of his civic activities.

Of one it is written, "his strong constitution and his abstemious habits were in his favor, his skillful physicians, Marshall Chapin and Thomas B. Clarke, succeeded in saving him. Mr. Elliott's condition required careful nursing and the last prescription of Dr. Chapin was the free use of old Madeira Wine which was purchased of Chapin and Owen." Their store was on Jefferson Avenue about opposite the Old Michigan Exchange Hotel. The wine which restored the patient to health and strength cost $4.00 per gallon.[31]

Dr. Robert D. Lamond was graduated at the Vermont Medical College, Castleton, and Fairfield Medical College, New York. He was in practice in Pontiac prior to 1833 was a member of the Oakland County Medical Society and its secretary in 1835.

He settled in Flint about 1838 and became the "leading physician of Genesee County"; was one of the original members of the Genesee County Medical Society.

He represented Genesee County in the legislature in 1844. His death occurred at Flint in 1871.[31]

He was in Flint in 1839 and was one of "two physicians with plenty of patients during the fever and ague season."[31]

"I am not feeling well to-day," one of his patients would say to him, whereupon he would take from his pocket a number of pills, blow the dust from them, then hand them over to the curbstone consultor with the advice, "take one of these every three hours."

Thus the tradition—but it is of the same Dr. Lamond of whom this probably apocryphal story is told, who when his friend Mr. Goodrich was ill in Detroit with typhoid fever was summoned to his bedside, "and never left till death had placed his patient beyond the reach of human aid."

Dr. Lamond was a man of high character and for years pursued a successful practice in Genesee County. He was sturdy and dependable and his reputation is still undimmed by the time which has elapsed since his death more than half a century ago.

In the address of welcome to the Michigan State Medical Society, the twenty-fourth annual meeting of which was held in 1889, Dr. Mottram of Kalamazoo mentioned that he had been in continuous practice of medicine in Michigan during more than a half-century. He said "the mind can hardly grasp without study and review the change and progress of fifty years. He spoke of the stethoscope, the use of which was not taught in our schools until 1845, although invented in 1819, the perfection of the microscope 'within the last twenty-five years, the greatest of all inventions,' and the discovery of anesthetics within this half century."[35]

Born at Gilbertville, New York, in 1807, he received an academic and professional education; began practice in St. Joseph in 1834, pursued postgraduate medical study in Philadelphia, from which place he came to Kalamazoo in 1850. He died July 2, 1891.

He was one of the founders and sometime president of the Kalamazoo Academy of Medicine. "He had probably practiced," so writes his biographer, "more years than any other physician in Michigan and was assuredly the oldest practitioner in the Fourth Congressional District." He was health officer in Kalamazoo for two years.

"Dr. Mottram was very courtly in his address, and his manner was that of the polished gentleman. He had the theory that the sight of a neatly dressed physician had a good effect on the patient and he put his theory into practice until he became noted for his scrupulously neat appearance at all times."[31]

He located in Nottawa Prairie in 1834 and for many years had an extensive practice in St. Joseph County. He was representative from that county in the Legislature of 1843.[29]

"Not the least among the enjoyable features of the occasion was the bountiful repast set before the guests [members of the State Medical Society]. This evening will not soon be forgotten by those present and the hospitality of Dr. Mottram will form one of the pleasantest episodes of this meeting."[7]

High praise this, following so closely as it did upon the "fine display of the powers of the Kalamazoo Water Works" when "hose cart and its men" raised four streams "from as many different hydrants to the delight of all and the astonishment of many."[7]

He was president of Kalamazoo Village in 1871.

Dr. Minos McRobert, born in Vermont in 1804, came to Mason, Michigan, in 1837. He was the second physician in the county. He was, in 1875, "the oldest resident of this city." He retired from practice in 1847 and engaged in mercantile pursuits; was capitalist, first president of the village, built many important buildings, amassed a large fortune.[18]

He was in 1837 the first physician in the village of Mason. "He built an office which was used for a great variety of purposes serving for a doctor's office, county register's office, and in fact almost a court house. Strong in physique and with an experience of five years in the practice of medicine in the East he was well equipped to grapple with the almost universal sickness of this new and miasmatic country. His practice was laborious in the extreme. Rides were long and the exposure was great but he met the labors of his calling with that untiring zeal, helpfulness and courage which ever characterized him in his long career."[31]

In an interesting biography of Dr. Samson Stoddard, written in finest filial spirit by his son, and published in "Michigan Pioneer and Historical Collections," Volume V, Pages 354-357, it is recorded that Stoddard is derived from Standard Bearer, or in the Norman tongue De la Standard. It was "a name that has wrapped up in its derivation much of the courage and chivalry, much of the song and legendary lore of early Normandy—the first fount of English culture and civilization."

William Stoddard (De la Standard) came to England with William the Conqueror, his cousin, in 1066, and located on a large tract of land near the city of London which was retained in the family until 1765. Anthony Stoddard, a lineal descendant, came to Boston in 1639. His descendants lived in the New England States for one hundred and seventy years. Many bore illustrious names, and "not a few of them sealed with their blood their love of liberty in the War of American Independence."

Godwin Stoddard, the father of Dr. Samson Stoddard, "came to western New York, then about a month's distance in time, by horseback travel" in 1804. "He who went from the Atlantic seaboard states, at that time, to western New York, then called the far western wilds of the United States, was counted a man of no little enterprise and bravery." This was "three years before Fulton launched his first steamboat on the Hudson River. It was twenty years prior to the completion of the Erie Canal and more than thirty years before the first railroad had been built in the Empire State." He (Godwin) pursued farming near Vienna, Oneida County, New York, for ten or more years. Then, "during one of those great moral awakenings which in 1812 swept over all western New York he experienced religion and immediately felt that he was called to preach the Gospel." He entered the Methodist ministry, and thereafter led the itinerant life thereunto pertaining.

Samson Stoddard was the eldest of seven children and was born February 7, 1806. After exhausting the capabilities of the district school he entered Wyoming Seminary at the age of sixteen. There he remained for three years, except for teaching during one winter. He had a "great passion" and "natural aptitude" for the practice of medicine and at twenty years of age entered the only medical school in western New York, Fairfield Medical College. He was graduated two years later in 1829.

In the summer of 1830 he started for Michigan and "arrived at Jacksonburg in the early part of September," finding there five inhabitants (or heads of families, possibly), but "every month brought new settlers." His ride "was all over Jackson County and even into Washtenaw," but he still found time to help build the first sawmill in the county, and to "aid in landing [launching?] the first white man's boat on Grand River." In practice, long and weary journeys had to be taken on foot as the swollen streams and treacherous marshes would not allow the crossing of horses.

Settlers rapidly coming, his practice grew apace. He married, in 1832, Miss Sarah M. Blake of Livonia, Livingston County, New York, and brought his bride to Jacksonburg. From 1833 to 1836 under appointment of Governor Porter he was Clerk and Treasurer of Jackson County. Later he was for a time Supervisor of Concord, whither he had gone with his family, "sick all the time for these last two years" in consequence of malaria. "It was shake, shake, and then fever and then the Doctor, calomel, and quinine. There were few well enough to wait upon the sick."

In Concord, he combined farming with his profession. "Often he would toil hard all day on his farm and spend the entire night in visiting patients."

His first wife died of heart disease and three years later he married Mrs. Emily Lathrop. There were nine children by the first marriage, seven of whom survived him; two children by the second marriage.

In 1873 he moved to Albion to be near his eldest son, a resident of that place. Three years later (August 24, 1876) he died at the age of seventy years. "His deeds of goodness, his probity of character, his love of honor and virtue and his hatred of sham and subterfuge will not soon be forgotten." He was ever ready "to aid all the worthy who came to him in need and the poor always found him their 'good physician' when in sickness and distress."

The first physician in St. Joseph County was Dr. Page, who located in White Pigeon Prairie in 1827. The village of Centerville's first physician was S. W. Truesdell (1833).[31]

"Our house was near the Buckhorn tavern, then owned by Mr. Bebee. After his death the place was purchased by Dr. Parsons, who occupied the old inn as a private residence for a while, but who later built the house now standing on the old site [Centerville]."[31] ("Personal Recollections of Pioneer Days"—Ruth Hoppin.)

Dr. Isaac Adams, a free soil democrat, came to White Pigeon, St. Joseph County, the nearest postoffice to which at that time was Tecumseh, in 1829; from thence he went to Oakland County in 1835.

He was a Harvard graduate, was elected to the Legislature in 1838, was one of a Committee on education in the House of Representatives which prepared the bill to establish the University of Michigan. His death occurred at Troy, Oakland County, in 1852.[29]

Dr. Lafayette W. Lovell was born at Grafton, Vermont, May 27, 1823, "and settled in Climax, Michigan, in 1835 where he resided in 1887"; was educated at the Kalamazoo branch of the University, graduated at Rush in 1847, and after fifteen years practice became a farmer.

He was supervisor, town clerk and inspector of the State Prison; a senator from the twentieth district, 1857-1858.[29]

Dr. Thomas P. Matthews, a graduate of Middlebury College, 1811, and Fairfield Medical College, 1815, came to Detroit in 1834, then moved to Redford where he practiced for thirty years.

He was representative in the Vermont legislature in 1815; in that of Michigan in 1853-1854.[29]

Dr. David Menzie graduated in medicine at Hartford, Connecticut, came to Concord, Michigan, about 1837; served as supervisor several years and as representative from Jackson County in 1845.[29]

Dr. Andrew Murray was representative from Berrien County in 1848; was a graduate of Yale; commenced practice in Berrien, Michigan, in 1835. From there he moved to South Bend, Indiana, then to St. Joseph, Michigan, afterward to Niles, where his death occurred in 1854.[29]

Dr. John L. Near, at the age of twenty, taught during the winter and studied medicine; was graduated at Castleton, Vermont, in 1834 and located in Wayne County, Michigan, the following year. In 1887 he resided at Flat Rock.

He was sometime U. S. Consul at Sarnia and Windsor, representative from Wayne County, 1839, Senator from the Fourth District 1857-1858 and 1861-1862.[31]

The first frame house in Allegan County was built in Gun Plain Township by Dr. Cyrenius Thompson in the summer of 1832.[31]

Dr. Fletcher Ransom, born in Vermont in 1800, came to Kalamazoo in 1836; was representative from Kalamazoo County in 1845 and 1846.[29]

Dr. Ebenezer Raynale, who was born in Hartland, Vermont, October 21, 1804, received the degree of M.D. in 1826, and in 1828 settled in Franklin, Michigan, was distinguished in his profession. He was postmaster at Franklin in the Jackson administration. "He aided in organizing the first State Medical Society of Michigan." In 1839 he settled in Birmingham, Michigan, and there resided until his death in 1881.

He was delegate from the Fifth District to the Constitutional Convention of 1835, Senator from that district in 1835-1837, delegate to the Constitutional Convention of 1850.[29] He was the father of Dr. C. M. Raynale of Birmingham.

Dr. Justin Rice, born in West Brookfield, Massachusetts, in 1798, came to Detroit in 1825, and practiced medicine for nine years. He then engaged in the lumber business in Port Huron and elsewhere. He was an elder in the First Presbyterian Church, Detroit.

He was Senator from the Fourth District, 1840-1841.[29]

Dr. Edward Cox died September 19, 1882, at his home in Battle Creek, where he had lived and practiced medicine for forty-three years. He was born in Cambridge, Washington County, New York, January 6, 1816. When he was three years old his parents, Silas and Abigail Cox, removed to Onondaga, where he received his literary education, and where he subsequently studied medicine in a physician's office. He attended the Geneva Medical College, from which he graduated in 1839.

He began practice in Wayne County, New York, where he remained but six months, and in September, 1839, removed to Battle Creek, then a village of only a few hundred inhabitants. He permanently established himself as the second regular medical practitioner of the place, Dr. William Campbell, with whom he associated himself, being the first. Here he cast his lot, and soon built up a large practice which grew with the growth of the town and country.

With characteristic energy and public spirit, he identified himself with measures for the growth and improvement of the place, and soon not only took a prominent position in his profession, but came to be regarded as one of its foremost citizens, receiving marks of public honor and confidence. He was president of the village in 1853, one of its first aldermen, holding the position six years, and mayor for two years in 1873 and 1874. He was also a member of the school board and of numerous organizations for the public good.

For many years he was one of the leading members of the Calhoun County Medical Society. He became a member of the State Medical Society in 1871, serving on its most important committees, and in 1878 was honored by being made its President.

At the time of his death he was one of the board of counselors of the Detroit Medical College. He was a permanent member of the American Medical Association. He was also delegate from the State Society to the International Medical Congress held in Philadelphia in 1876.

He contributed many able papers to his County and State Medical Societies, and to the medical journals of the day.

A sketch of the life and career of Dr. Cox in the *Battle Creek Daily Herald,* from which much of the material for this notice is obtained, says:

"Frequently, within the past few years has Dr. Cox, in the hearing of the writer of this notice, been heard to express his deep interest in his profession, and to declare that it chiefly circumscribed his ambition. He stated that its honors were those which he most highly valued, and grateful as might be to him the expressions of public confidence bestowed by his fellow citizens, political distinction and partisan prominence were far less prized by him than usefulness, success, and good standing in his chosen profession.

"In accordance with this sentiment, a few days before his death he expressed the desire that the words 'Practicing physician for forty-four years' should be inscribed upon his coffin as declaring the leading work and purpose of his life, and embodying the essential feature of his career which he desired to leave impressed upon the memory of his fellow men."

Politically, Dr. Cox was a Democrat, and though a politician in the best sense of that term, he was always a patriot. It is related of him, in the *Detroit Lancet,* that "when the war with the South broke out he at once suggested, and succeeded in realizing the suggestion, that the flag poles of the separate parties should be spliced together, as an emblem, to those who should see it, that in the support of the country the mass of the members of both parties in Battle Creek, were one."

He was a prominent Mason, holding high positions in the order.

He was a member and for many years vestryman of the Protestant Episcopal Church.

Dr. Cox was twice married. His first wife was Esther Ann Starkweather, to whom he was married September 2, 1840. After her death in 1845, he married Miss Sarah Adams, of Penfield, who survives him.

Three children were born to him—one by his first wife, a daughter, who died at the age of eight years, and two by his second wife, both of whom died in infancy.

A relative of the doctor states that he had confided to medical friends within the past few years, the belief that he was the victim of angina pectoris or some incurable affection of the heart, but with heroic consideration for others he studiously concealed from his family the impending danger to himself.

This cardiac trouble, it is believed, led to the pulmonary disease which caused his death.

He was tender and affectionate in his family, and with great love for children which was instinctively reciprocated by his many little friends.

He had a cheerful, buoyant, temperament. He was an ardent and faithful friend. He maintained, through a long, useful, and honorable life an unsullied character for personal and professional integrity. He contended for high standards in medical education and practice. The State and the profession have lost something more than a pioneer. The death of a citizen distinguished for his fidelity to private and public trusts,—a physician devoted to his profession, faithful to the interests of his patients, scorning quackery, ministering nearly half a century to the physical needs of one community, is no common loss.

At his funeral were gathered representatives of the medical profession from all parts of the State, who, after the burial, gathered with his friends in the church, to give an informal expression of their appreciation of the life of Dr. Cox.

At the conclusion, Hon. W. W. Woolnough, after speaking of the deceased in terms of the most appropriate eulogy, presented appreciative resolutions which were unanimously adopted by the assemblage.

The *Herald* says: "It is unusual, to say the least, that so many friends in all professions and walks in life for many years testify so uniformly to the value to them, and to the world, of a strong manly heart and head in a member of the medical profession."

The addresses, given as they were "by warm personal friends of Dr. Cox, all took the character of affectionate tributes to his memory, and gave expression to the very great esteem and regard which his admirable career as a citizen and as a physician had deservedly called forth in the community in which he had so long lived, as also throughout the State."[35]

Dr. Henry S. Buell, born in Castleton, Vermont, in 1820, came to Detroit in 1836, returned to his former home in Castleton where he took his degree of Medicine in 1841. He practiced in Franklin until 1888; was skilful and bequeathed "a far richer legacy than money can purchase . . . a loving regard by all who knew him for his unremitting efforts through his whole life to relieve suffering." He died in 1891.

He represented Oakland County in the Legislature of 1859-1860.[29, 31]

Dr. Ezra Stetson, born in Otsego County, New York, 1811, settled as a physician at Galesburg in 1837, and practiced there for twenty years. He was a graduate of Fairfield Medical College.

He was Supervisor of Comstock; was representative from Kalamazoo County in 1851.

In 1857, he moved to Bureau County, Illinois, where he engaged in farming and stock raising; he was among the first to promote the breeding of Percherons.[29]

Dr. Oliver P. Strobridge, born in Clarmont, New Hampshire, in 1818, by profession a physician, came to Michigan in 1840, lived in Farmington until 1845, and in Almont until 1873.

He was representative from Lapeer County in 1850.[29]

"Dr. Samuel T. Beardslee was born in New Jersey, August 19, 1828, moved with his parents to Oakland County, Michigan, in 1832. Arriving at manhood, he took a medical course at Ann Arbor of two terms, also a course in chemistry, and graduated from the Albany Medical Institute in 1856. In 1857 he came to the village of Armada, and began the practice of his profession, which he prosecuted until about two years ago. December 18, 1876, he married Betsey McAuley, of Ontario County, New York, who, with two sons, survives him. For the last three years he had been failing in health, and for the greater part of that time he experienced intense pain and suffering which were borne with exemplary patience and fortitude. On Saturday night last, July 2, (1899), he passed away from earth."[35]

Dr. E. A. Egery, who died in 1879, located at Three Rivers forty years before. He was the first president of the St. Joseph Valley Medical Association.[6]

Dr. Nathan Mitchell (1808-1879) was graduated at Middlebury Medical College. He came to Colon, St. Joseph County, in 1839.[6]

Dr. Oliver J. Stiles "was admitted to membership [in the colony] by a formal vote at a meeting held in Vermontville, January 26, 1838, and was the earliest resident physician." He remained but a year or two. He first settled in Bellevue.[31]

"Among the colonists were two physicians, Dewey H. Robinson from Bennington, Vermont, and Oliver J. Stiles from the State of New York. Dr. Stiles first settled in Bellevue, Michigan, and was admitted to membership by a formal vote at a meeting held in Vermontville, January 26, 1838, and was the earliest resident physician. He remained but a year or two, then moved back to New York, and was lost sight of. Dr. Robinson was the original member of the colony, signing the compact in Vermont, and became a resident of the village in 1838. He was a very bright man, witty and sociable, quick tempered, a college graduate and a good physician. His wife, Olive Bigelow, was a daughter of Dr. William Bigelow of Bennington, well educated, and both were great favorites, especially with the young people of the settlement. The family remained in Vermontville until 1846, then moved to Marshall, Michigan, resided there about a year, and then went back to Bennington, Vermont. The Doctor was much broken in health from long rides through the woods over rough roads in all sorts of weather, with irregular sleep and meals, and died a few years later."[31]

Dr. Robinson and his wife were very popular with the young people. He had more books than any other settler. Among them were Walter Scott's novels and poems. In reading portions of the "Lady of the Lake" to young listeners he took great pleasure. "Ivanhoe" was a revelation of the age of romance and chivalry, of knights and ladies and tournaments, and was more attractive than Baxter's "Saints' Rest" or his "Call to the Unconverted," which were staple household literature of that time. With his books and brightness, his ready wit, and talk about men and events, Dr. Robinson had a marked influence upon the young people of the colony.

After he left in 1846, his successor was Dr. J. H. Palmer. He remained about three years. In 1849, on the discovery of gold in California, he caught the Argonaut fever, set out with a party to make the overland trip and died of cholera at Independence, Missouri.[31]

Dr. James H. Sweeney resided in Morenci; was a representative from Lenawee County, 1846. He came from New York about 1835.[29]

Dr. Daniel K. Underwood, born in Enfield, Massachusetts, June 15, 1803, prepared for Amherst, spent two years at Williams, graduated in medicine at Dartmouth in 1826. He came to Adrian in 1836 and engaged in the drug business until 1849. He was much interested in horticulture and was employed by the United States Pomological Society to prepare a work for publication by the Government.

He gave the land for the site of Adrian College; was representative from Lenawee County, 1840.[29]

Dr. Philo Tillson, born in Winfield, New York, in 1810, practiced medicine at Mt. Clemens, Michigan, from 1833 to 1843; in Romeo until his death in 1882. He was representative from Macomb County, 1844.[29]

Dr. Campbell Waldo, born in Middletown, Vermont, December 25, 1786, practiced medicine in New York State and was a member of the New York Assembly in 1825.

In 1837 he settled at Albion and "built mills at various points"; was a "leading man" of "fine personal appearance, courteous and affable in his manners, a good physician and a Christian." He died November 6, 1876.

He was Senator from the Fifth District, 1848-1849.[29]

"Willard Hayes, who was then sheriff, lived in a frame house, the first one built in Hastings, and erected by Dr. David M. Dake, on the corner now occupied by Wright Bros."[31]

"Dr. Reuben C. Gibson came to Jackson County in 1835, and commenced the practice of medicine at the then flourishing village of Sandstone, afterward removing to Gidley's Station, near the present village of Parma. Dr. Gibson was very successful as a physician, and was held in high esteem as a citizen. He closed a life of usefulness among those with whom he had for many years been active in the discharge of every duty.[29]

Dr. Henry Wyman, born in Jefferson County, New York, in 1803, represented Lenawee County in the Legislature of 1845. He resided at Blissfield in 1887.[29]

Dr. Luther D. Whitney, born in 1810, at Granville, New York, "learned the trade of mason and preached occasionally." He "was for fourteen years a Methodist minister," but on account of a bronchial affection retired, studied medicine and began practice in Corunna in 1844; moved to Hadley "and continued practice, sometimes preaching." In 1875 he moved to Grand Blanc, where he died the following year.

He was Whig, Free Soiler, Republican representative from Lapeer County, 1857-1858.[29]

"The arrival of Dr. Gardner Wheeler, the first resident physician [Howell], marked a new era, he remaining until his death. Dr. Curtiss of Kensington said that he had been physician to nearly every family of Livingston County when in 1835 there were not well persons enough to take care of the sick. Later Dr. Cyrus Wells was often called from Oakland County to attend Mr. Samuel Waddell, the father of A. B. Waddell, in 1837 . . . Dr. Jeffries came in 1839, remaining until 1843, when Dr. William Huntington took his office and practice. He was a successful physician and an honor to the community he served so many years. His son, William C., is his successor and is Howell's pioneer physician. Dr. F. H. Marsh came in 1847; Drs. Spence and Blank in 1848. Dr. Wm. L. Wells, son of Dr. Cyrus Wells, came in 1849, and was considered very skillful in his profession. Dr. Henry J. Rumsey came in 1863 and he was a universal favorite, dying here five years later."[31] (Mrs. B. F. Batcheler.)

"Dr. Ebenezer Wells died April 25, 1882, aged 68 years. He had resided in Ann Arbor forty-three or forty-four years."[31]

The Branch County medical profession numbered in its pioneer membership many important names. "The settlers were comparatively few and were scattered here and there over a large area. The practice coming from half the county no more than justified one physician in devoting all his time to professional duties. Thus Dr. Alvah Randall, the pioneer physician of Bronson, who settled in that township in 1835, was the only doctor in a country covered by a radius of ten miles from his home. When the pioneers of Gilead needed a physician they sent for Dr. Randall, who came over the new-made and rough roads that led through the woods and across the marshes to the cabins of Gilead."[12]

Dr. Enos G. Berry, who came to the township of Quincy in 1835 at the age of twenty-two, "visited the poor and destitute without charge, and took no mortgages or other securities of those unable to pay, but gave them such time as their circumstances required.[12]

"Of largeness of heart and of the old qualities of loving kindness they [the pioneer doctors] had an abundance that rendered their ministrations in sickness and trouble effectual where greater skill would not have availed."[12]

The Hurd brothers (three) came to Union City in the thirties and forties and their practice covered a large territory in Branch and Calhoun Counties. Of these Theodore C., who died in 1845 and was succeeded by his brother Henry S., was the father of the distinguished Henry M. Hurd, first superintendent of the present Pontiac State Hospital.

These physicians of whom William P. Hurd, whose death occurred in 1881, was the third, "were men of high professional standards and with natural inclination for their work." They "lived in the 'saddle-bag' period" and there was very little "office practice." Their "remedies were quinine and calomel, given in such quantities as would appall our physicians in modern practice."[12]

Dr. William P. Hurd, whose likeness appears in the History of Branch County, 1906, opposite Page 558, wears burnsides, neatly trimmed full beard, no moustache. The face is of strikingly fine type.

Dr. William Henry came to Coldwater in the early thirties as did Enoch Chase. "Hanchett Street" in Coldwater is named from Dr. William Hanchett, who came there in 1832 and associated with him, in 1845, his nephew, Dr. S. S. Cutler.

Dr. William B. Beeson engaged in practice with Dr. E. Winslow in Niles in 1838; was afterwards in the mercantile business. He went to California in 1849, returned to Niles in 1853.[14]

"Dr. Talman Wheeler came to Niles in 1832. He engaged in commercial pursuits at Niles and St. Joseph, and was prominent in the development of navigation on the St. Joseph River. He built the first warehouse and foundry."[14]

"Dr. Reuben Pierce came to New Buffalo in 1835, on the first vessel that ran into that port. He practiced there with much success till 1840, when he removed to Terre Coupee, and died in 1858. His son, Dr. Reuben W. Pierce, is now [1880] a practicing physician in Buchanan."[14]

"Dr. Amos S. Amsden, a native of New York, emigrated to St. Joseph in 1832, but did not practice after coming to Michigan. He was identified with the progress of St. Joseph until his death, which occurred at Millburg, in 1849.

"The first physician to locate and practice in St. Joseph was Dr. B. Y. Boyd, from Kentucky, who came in 1834, remained a few years, and went away, not having met with much success.

"Dr. Lowell S. Lillibridge emigrated from Ohio in 1836. He commenced practice at St. Joseph, and continued until 1849, when he removed to California. He was interested in town affairs and filled several official positions. He was a successful practitioner, and commanded the respect and confidence of the community."[14]

"Dr. Andrew J. Murray, who came from Pennsylvania about 1836, first opened an office at Berrien Springs, where he practiced till about 1839. He then removed to St. Joseph, and subsequently, in 1848, to Niles, where he died in 1854. He was a man of fine education, good ability, and a successful practitioner. He represented his district in the Legislature in 1849."

Dr. Chamberlain was associated with him in 1837.[14]

"Dr. James Bloodgood, a graduate of the New York College, came to Michigan about 1844, and located in practice at Niles, where he remained until 1854, when he removed to Dowagiac, and practiced there until his death.

"Dr. Hiram B. Wilcox, a native of Ohio, graduated at Cleveland. In 1836 he came West, settled in Indiana near the line of Michigan, and commenced a practice which extended into the southern towns of Berrien County. In 1860 he removed to Three Oaks, where he still resides [1880].

"Dr. Philetus P. Maillard, a native of Philadelphia, Pennslyvania, came to Niles about 1840. He was an eminent physician, and had practiced several years in the West Indies before that time, but after his settlement at Niles he did very little in the way of his profession, though he was frequently called to counsel in dangerous cases. After residing several years at Niles he returned to Philadelphia.

"Dr. Samuel Niles, a physician of the eclectic school, graduated at Laporte, Indiana. He came to Niles about 1846, and commenced the practice of medicine. He was prominent in educational affairs, and much interested in the public schools of Niles. He died about 1861."[14]

"Dr. J. W. Finley was a physician of considerable eminence before coming to Niles, having previously practiced five years in Chillicothe, Ohio, and filled the chair of chemistry and natural history in Dickinson College, Carlisle, Pennsylvania, from 1828 to 1830. He came to Niles in 1835, and commenced a practice which continued without interruption for twenty years. In 1855 he removed to Pittsburgh, and served three years as surgeon in the army during the War of the Rebellion. In the year 1865 he resumed practice in Niles, and in 1870 opened a drug store, in which he is still interested. Dr. Finley is now [1880] in the city of Niles, though he retired from the active practice of his profession several years ago."[14]

Dr. Charles W. Angell practiced in Berrien Springs in 1848-1849.

In 1847 came Dr. Lyman A. Barnard, who between 1849 and 1850 "had the field to himself."[14]

He came to Berrien Springs at the time of its first settlement. He studied medicine, and was admitted to practice in 1847, and became one of the village physicians. He was still there in 1880, though not in practice.

Dr. J. L. Bugbee practiced one season there and Dr. S. C. Bartholomew for five years (1850 to 1858).[14]

Dr. Joe Camp came to Van Buren County from Ohio in 1846, practiced in South Haven, Breedsville, Lawrence, and Bangor. He lived for a time, about 1867, in Kalamazoo.

Dr. John W. Emory was graduated from Woodstock Medical College, New Hampshire. He came to Paw Paw in 1848 and except for a brief interval practiced there "to the present time [1880]."

Dr. George Bartholomew came from New York State to Keeler, Van Buren County, in 1846. He was in the employ of the Panama Railroad Company as physician for five years, in charge of the hospital at Panama; returned in 1869 and "is still [1880] in practice in Keeler."[14]

Dr. C. P. Prindle practiced in Lawrence from 1848 until the fall of 1852.[14]

"According to the oldest residents the first physician in Van Buren County was a Dr. Barrett [1835]." He practiced in Paw Paw a short time, then removed to Kalamazoo, where he died.

Dr. Levi H. Warner practiced in the county from 1835 to 1847 or 1848.

Dr. Harvey Manley came to Breedsville from Ohio in 1837.

Dr. Torrey, a medical graduate in the East, practiced in Paw Paw for several years from 1837.

Dr. Josiah Andrews, a graduate of Fairfield Medical College, Herkimer County, New York, located in Paw Paw in 1838. In after years he was associated with Dr. H. C. Clapp and later (1880) with Dr. L. C. Woodman. He represented his district in the Legislature of 1846.[14]

Dr. J. H. Wheeler, the first permanent physician there, located in Watervliet in 1846.[14]

Dr. C. C. Wallin bought a claim in the village of Buchanan in 1834. He lived and followed his profession there for several years, then removed to Berrien Springs in 1843, opened an office, and practiced until 1849. He later (1880) lived in Chicago.[14]

"Dr. C. H. Bostwick located in the central part of Weesaw Township about 1845. He is still [1880] in practice, and resides in the same township, near the village of New Troy."[14]

In the day-book of Walling and Lacey, headed "Pog-wa-tigue" (now Niles) occurs an entry June 8, 1829, of the sale to Dr. James M. Martin of one saddle blanket and certain articles apparently to be used in his practice. No further knowledge of this physician can be obtained.

In the same book under date of June 9, 1831, occurs the name of Dr. E. Winslow. He was a native of Vermont, and came to practice in Niles in the spring of 1831. In the next year he became associated with Dr. William B. Beeson. The latter soon afterwards went into partnership with his brother Jacob, in the mercantile business, and gave up practice. Dr. Winslow remained at Niles until 1840, and then removed to Peoria, Illinois, where he died.[14]

This is apparently the identical Dr. Winslow concerning whom the following mention is made in Burton Historical Manuscript:

"Hanging on the wall in the office of Dr. Winslow in the Gladwin Building at the present time [1925] is a diploma issued by the Medical Society of Michigan, dated July 23, 1830, to the effect that Erasmus Winslow has studied Physick and Surgery as directed by law and is entitled to practice in this territory. This certificate is signed by Randall S. Rice, John L. Whiting, Marshall Chapin, and Stephen C. Henry.

"Dr. Winslow was born in Vermont in 1808, and was a little more than 21 years of age when he began the practice of medicine in Detroit."

And it is doubtless he, who through the methods of bureaucracy, was gypped of a fee of $150 for vaccinating Indians in 1831. At all events bushy whiskers must have grown on the account by the fall of 1833. (*See Chapter on* Prevailing Diseases, under "Smallpox.")

"Dr. Stillman Richardson studied medicine in the State of New York. He came to Michigan in 1836, and located in Niles, where he continued in practice during the remainder of his life. As a practitioner, he was quick to discern, prompt to act, and excellent in judgment. By these qualities he rose to the first rank in his profession, and by his thorough honesty and sturdy championship of the right on all occasions, he endeared himself in a remarkable degree to the people among whom he lived"—but not to all of them, apparently. "An ardent friend of temperance, he was sometimes extreme in his language and measures denouncing friend and foe alike if they opposed a principle of which he was the champion. This made him many enemies among those who admired his pluck and ability, and prevented his taking his place as a leader among men." He died in 1875.[14]

"Dr. Morgan Enos settled in Pipestone, and commenced the practice of medicine in 1837. He was a good physician, and for many years the only one in the township. He retired from active practice a few years before his death, which occurred in 1868.

"He taught school early in life; attended medical lectures at Geneva College. In connection with medical work he pursued that of farmer.

"He was a Whig, later a Republican; served in the State Legislature one term; held the office of supervisor.

"He moved his family and possessions to a log house" in Pipestone.

"He was a skillful physician"—for many years the only one in that region.

A lad chopping wood severed a toe almost completely. It hung by a piece of skin. The mother replaced and bandaged it. When Dr. Enos arrived he said, "Madam what did you call me for? I couldn't do a neater job than that if I were to try a thousand years. That's what I call 'healing at the first touch.' "

He was interested in a saw-mill and a grist-mill. He died in 1868.[14]

"Dr. J. H. Crawford came to Watervliet about 1841, and settled on a farm a mile south of Coloma, not intending to follow his profession, but appeals were often made to him for aid, and he finally yielded and practiced for several years. On account of sickness he returned to Ohio, his former place of residence, and was succeeded in Watervliet by Dr. J. H. Wheeler, who came to that place in 1846."[14]

"Dr. Joel Loomis, an eclectic physician, came to Niles about 1848, and practiced there many years. He died in 1876.

"Dr. Jabez Barron, an Englishman by birth, came to St. Joseph in 1838, and practiced medicine in that place till December, 1839, when he removed to Niles and continued in practice till his death, which occurred about twenty years later.

"Dr. David B. Crane, a native of New Jersey, graduated at Fairfield Medical College, Herkimer County, New York, and practiced in that State for several years. In 1832 he came to Albion, Calhoun County, Michigan, where he practiced till about 1852, when he removed to St. Joseph, where he is still [1880] residing, at the age of seventy-seven years. Dr. Crane is a fine scholar, an accomplished linguist, and during the many years of his practice has been regarded as an excellent physician."[14]

Dr. Stillman Ralph was born at Reading, Vermont, November 7, 1803; taught school for a time; graduated in medicine at Waterville, Maine, in 1830; practiced at Canandaigua, New York; came to Moscow Plains, then to Jonesville, where he resided from 1840 to 1847.

He was representative from Hillsdale County in 1837 and in 1855-1856.[29]

Dr. Pliny Power was born in Vermont in 1798; practiced as physician in Tioga County, Pennsylvania; moved to Oakland County, Michigan, about 1840, and to Detroit subsequently.

He was county physician of Wayne County in 1852; representative from Oakland County in 1844 and from Wayne County, 1855-1856.[29]

Dr. John W. Phelps, born in Seneca County, New York, June 14, 1819, came to Michigan with his father, who settled in Plymouth in 1829. He studied medicine and engaged in practice in Mason in 1841.

He was several times Justice of the Peace and represented Ingham County in the Legislature of 1859-1860.[29]

Dr. John Roberts was born in Warwick, Bucks County, Pennsylvania, March 17, 1812. He came to Jonesville, Michigan, in 1840, to Hastings in 1845, and practiced medicine. He was appointed examining surgeon of Barry County at the close of the war and continued in that office until his death, December 18, 1886.

He was Postmaster of Hastings from 1847 to 1851 and from 1869 to 1876; was Senator from the Twenty-first District, 1857-1858.[29]

Dr. Henry L. Joy of Marshall (1822-1892) was born at Ludlowville, New York. He was educated at the Ovid Academy and at Lennox, Massachusetts, and received the degree of B.A. at Union College in 1844; was in college "a prime social favorite." He studied medicine at Bellevue, New York, and Jefferson, Philadelphia, and was graduated from the latter school in 1849. He came that year to Marshall. Ten years later he pursued post-graduate studies in New York.

He took lively interest in public affairs (*See* "Extra-Professional Activities"), was sometime president of the United States Pension Examining Board and of the Calhoun County Medical Society; was affiliated with the State Medical Society, and the National Academy of Medicine; was for years a member of the Vestry of Trinity Church.

He "was gifted with a clear, strong mind and was always a great reader, student and thinker." He was "broad, generous, and ever charitable in his judgments." He married Caroline Schuyler of Buffalo. They had five sons, one of whom, Dr. Douglass A. Joy, died in 1887.[31]

Dr. Abner Hayward came to Mt. Clemens in 1830.[31]

Dr. Stephen B. Thayer from Geneva College where he had spent the winter, located at Climax in 1841 and moved to Battle Creek in 1845.[1]

Dr. Atlee of Philadelphia engaged temporarily with Dr. Thayer in 1844.[1]

In the "Laws and Ordinances of the Medical Society of the Territory of Michigan," minutes of which are preserved in the Medical Science Department of the Detroit Public Library, there is record of the following licenses to practice. They are attested by Dr. R. S. Rice, Secretary.

Dr. Lewis F. Starkey, May 10, 1836.
Dr. Uriah Upjohn, May 26, 1836.
Dr. John Brigham Scovel, July 25, 1836.
Dr. Chas. Shepherd (Shepard?), July 18, 1836.
Dr. George B. Russell, June 9, 1836.
Dr. Palmer (A. B. probably), February 28, 1838.

Dr. Dennis Cooley, a pioneer physician of Macomb County, was born in Massachusetts in 1789, located in Washington Township in 1827, died in 1860.

Dr. Samuel W. Pattison died October 23, 1881, aged 84 years and 4 months. He had resided in Michigan forty-five years, nine years in Fentonville and Owosso, and thirty-six years in Ypsilanti.[31]

Dr. Alonzo Platt came to Ann Arbor in 1832 and moved to Grand Rapids in 1842. In 1883 he was the oldest surviving practitioner except Dr. Charles Shepard. He was greatly esteemed.[31]

"Dr. Foster was the first occupant of this house" (in the wilderness where Battle Creek now stands). This was in the fall of 1831. "He [Dr. Foster] lived there a short time and then went to Otsego. What interest Dr. Foster had at Battle Creek at this time, if he had any, who knows?"[31] (A. D. P. Van Buren Annals.)

The following physicians were residents of Kalamazoo in 1846: Drs. Starkweather, Sprague, Howard, J. Adams Allen, Starkey, Stewart, Sill, and Swan.[31]

Dr. Lewis F. Starkey, born in New Hampshire, in 1801, studied medicine at Norwich, New York, and Philadelphia, came with his family to Detroit in 1836 and settled in Kalamazoo in 1837, where he practiced his profession until his death in 1848.

He was Senator from the Fifth District, 1843-1844.[29]

The following extracts are from "Early Days in Detroit." Friend Palmer performed a distinct service to history in writing this very readable book.

"Dr. Starkey was an ophthalmologist and associated with Dr. E. A. Theller" (of "Patriot War" fame).

"Dr. Hall was a prominent physician here in 1837.

"Dr. Fay, a distinguished physician.

Dr. G. B. Russell "built a fine brick residence adjoining what remained of old Fort Shelby [Fort and Shelby Streets]." He "married Miss Anne Davenport."

Dr. George B. Russell, at that time in partnership with Dr. A. R. Terry of Detroit, gave the wounded surgical attention and amputated several arms that had been mangled by the British grapeshot in the Patriot War of 1838. He was present at the two hundredth anniversary of the discovery of Lake St. Clair at Grosse Pointe in 1879.

He early turned his attention to industrial affairs and eventually amassed a competence notwithstanding early vicissitudes incident to the lives of geniuses. In more than one instance he experienced the wresting from him of the fruits of invention, and saw profits upon the manufacture of articles of his devising go to others.

In a moment of depression he once remarked to a son, "I have no luck and matters constantly go against me. I'm satisfied that if I had been born a woman, I should have been betrayed and abandoned."

Dr. Michael A. Patterson was born in Easton, Pennsylvania, March 11, 1840; graduated at the University of Pennsylvania, practiced in Western New York for four years, then settled in Tecumseh. (*See* reference to Black Hawk War.)

He was member of the Board of Regents of the University of Michigan, 1840-1842 and 1852-1858, representative from Lenawee Company, 1846, and Senator from the Third District, 1844-1845.[29]

Dr. Patterson was a frequent contributor to the medical periodicals of Michigan, both original matter and abstracts and selections from journals outside the State.

Dr. John Ellis, in the thirties, "was almost the first homeopathic physician in Michigan. His residence was on the corner of Woodward and Congress Streets in a wooden building."[8]

It is our sad duty to chronicle in this issue the death of our senior editor, Dr. John Henry Beech, of Coldwater. On Friday evening, the 11th inst, he was confined to his bed with what proved to be double pneumonia, and on the following Thursday, the 17th inst., death closed the scene.

This is the brief record of the termination of a great and good life. Although Dr. Beech had reached three score years, none who were familiar with his wiry, active frame, and clear-cut, vigorous mind, but will feel that his death was premature. There are few, of our Michigan readers, at least, to whom the announcement of this death will not occasion a shock, for none knew the man but to honor and respect him. He was one of nature's noblemen—one in whom the elements were so kindly mixed that all the world might stand up and say: This was a man.

Dr. Beech was born in the township of Gaines, Orleans County, New York, September 24, 1819. He was the son of Dr. Jesse Beech, who died when John was but ten years of age. It was the father's desire that the son should not be a physician unless his own inclinations tended strongly that way. The father left his family in straitened circumstances, and their support devolved on the lad. The thirst for knowledge, however, could not be quenched by adversity, and, in course of time, he had fitted himself in Gaines Academy for the sophomore year in Union College. Circumstances prevented a full collegiate course, and compelled his entrance upon the study of the profession of his choice. He graduated in April, 1841, at Albany Medical College, and then commenced practice in his native place, where he continued until 1850, when he removed to this State, settling at Coldwater, where he died, and where he had established for himself a reputation as one of the leading physicians and surgeons of Michigan.

Dr. Beech became a member of the American Medical Association in 1854, and has been a member of the Michigan State Medical Society since its foundation. In all schemes for the advancement of educational interests, both of his own immediate neighborhood and of the State at large, he was deeply and actively interested. As a writer he was a model of keenness and directness. He was peculiarly sharp in controversy, but the innate gentleness of his nature restrained him from inflicting needless pain on an adversary. His contributions to medical journals are numerous, and the appearance of the name of J. H. Beech at the head of an article ensured for it a careful reading. When the *Michigan Medical News* was founded, his active coöperation was cheerfully enlisted and our readers will miss him.

Dr. Beech was a man of profound religious convictions. He cherished a deep faith in the religion of Jesus Christ. He was an active member of the Presbyterian Church, and was foremost in all philanthropic enterprises. His charity was profuse, and often did he burden and deny himself for others.

A sketch of Dr. Beech's life would be very incomplete without a reference to his war record, a record which has endeared his name to the citizen soldiers of Michigan.

We give way here to one who offers his tribute to the memory of an old companion in the days that tried men's souls—Dr. C. C. Yemans, Second Lieutenant Company D of the 24th Michigan:

"Time passes swiftly, and removes from among us those men whom it should ever be our pleasure to honor—the men who took honorable part in the stirring times of war, and then returned to civil life to adorn each his peaceful calling, and contribute, in honorable methods, to the general good. Notably of them is the name of J. H. Beech, M.D., our confrère in all good works. The non-combatant part of our army served with loyalty and fidelity our country, after suffering all the privations, hardships and pains of campaign or prison. The medical staff had the privations and its honors. Others will write of Dr. Beech in private and professional life. I shall write of him as Surgeon of the 24th Michigan Volunteers. My contribution to his biography is rather the aspect in which he appears to the unprofessional observer. Dr. Beech had associated with him as Assistant Surgeons, Dr. A. Collar, of Wayne, and Dr. C. C. Smith, of Redford, both gentlemen held in high esteem by their comrades. The regiment was raised in Wayne County, and Dr. Beech was appointed from Coldwater. What caused his appointment I do not know, but the regiment had cause for thankfulness for this wise selection. I do not know where he joined us, but it was my good fortune to make his acquaintance as we took the train from Cleveland, Ohio. He was a frail, thoughtful man, unobtrusive, patient and studious. His love for his profession was an enthusiasm. His kindness was womanly. His relation to the regiment caused him to be serious, as one carrying great care with carefulness; yet he was approachable and kind always. As a counselor he was wise in his advice. He was a man careful of detail. This led him to two great virtues: First, he planned for camp; advised the men how to try to save themselves from impending disaster, in case of severe wounds, i. e., to prevent hemorrhage, etc.; and then (second) he was good in diagnosis. I think no fatigue or indisposition could cause him to be careless of one who needed attention. He was a skilled operator, with more than usual conservatism, in time of battle. In short, I cannot analyze my friend. He had the qualities of heart and head which caused all to trust in him, and I am sure many grave men will shed a tear to his memory as each shall read of the death of the Surgeon. He passed through the war, assumed the duties of his profession, and I leave others to tell how he was received and regarded by those most capable of weighing his merits. I know—all honor to others!—no man was more highly respected by his comrates, more tenderly loved, and no one will be more sincerely mourned."[30]

Dr. S. P. Choate died at Three Rivers, May 20, 1893, aged 86 years, 9 months. He had been a resident of Three Rivers for fifty-four years.

Dr. Abel Millington was born at Rutland, Vermont, February 5, 1787. He became a physician and moved to Ypsilanti, Michigan, in 1826, thence to St. Charles, Illinois, in 1838.

He was sometime Sheriff of Washtenaw County, and was a member of the Legislative Council, 1834-1835.[29]

In the History of Medical Practice in Illinois, it is recorded that "Dr. Abel Millington, a Vermonter, had practiced medicine in the east and came west to invest in the growing community [St. Charles] after he had made a considerable sum in practice at Ypsilanti."

Dr. Edwin Stewart (1819-1896) taught school at Pine Lake, Oakland County, in 1839; came to Kalamazoo in 1840; attended the branch of the State University at Kalamazoo, was graduated in medicine at Rush, Chicago, in 1850, and practiced medicine afterward at Mendon; was postmaster there in President Garfield's Administration; was representative from St. Joseph County, 1861-1862 to 1865-1866.

He wrote, "Age has its consolations, for when the twilight of our existence on earth is shining around us and the world diminishes and grows dark, the less we feel its loss for the dawn of the next world grows clearer and clearer."[29, 31]

Dr. Stewart's diary and the originals of cuts herewith were supplied through the courtesy of his granddaughter, Mrs. E. L. Stewart of Marquette, to whom grateful acknowledgment is made, as well as to Professor L. A. Chase, corresponding secretary of the Marquette Historical Society, who secured them.

POST OFFICE

MENDON POSTOFFICE. DR. EDWIN STEWART, POSTMASTER

Edwin Stewart was born in Cambria, Niagara County, New York, April 28, 1819, and was the eldest of a family of nine children. He early learned independence and became self-reliant and self-supporting. A memorandum of dates and employment compiled quite recently by his own hand, covered a period of three score years. It is a record of hard work and physical labor along many lines, not altogether congenial to one ambitious for an education. We see him teaching winter schools and working on farms in summer, or attending school a portion of the year and alternating study with manual labor, but always with a definite end in view, the achievement of knowledge and a fitness to enter the profession of Medicine.

He came west in 1838 and to Kalamazoo in 1840. Six years later he studied in the office of Dr. Thayer at Battle Creek. Two years after graduation he located in Mendon, and brought there his young wife, a former pupil, Miss Frances Amelia Holden. Three children were born to them, a little daughter dying in infancy, but their eldest child, Nelson, grew to manhood, always lived near them and died at their home. One son remains to comfort his mother, Edwin Stewart of Mancelona.

Dr. Stewart rose by his own exertions, intellect and integrity from a poor boy, to become a man esteemed in his profession and honored by the people among whom he lived, filling several offices of trust and importance. He was often member of state or local boards. Politically he was always an ardent Republican. He was a member of the Episcopal church, which he joined in 1867, and his funeral services were conducted at that church, March 10, by the rector, Rev. C. R. Taylor.

His absorbing passion was his love of the medical profession and he wrote of it to his son, as the "most ennobling of all the professions" and held in the high esteem of a true man, the intimate, delicate and sympathetic relations between a physician and his patients. His death came as a personal loss to many who mourn a friend as well as a physician.

Dr. Edwin Stewart's Home,
Mendon, Michigan
Dr. Stewart is seated in the buggy

His closing years were quiet and peaceful, and when the shadows of the Dark Valley fell athwart his path, he caught the light from the Great Beyond.

Phillips Brooks said of such a life, "Whoever walks wisely and lovingly upon this planet, is near the bosom of its Maker. Thus living he can consent to die, because in the realism of the grave his faithful heart is still with God."

In his diary (1888) are entries significant of contrast between the "then and now" reactions on the part of physicians to so-called "spiritual" stimuli.

Although it is "cold," January 11, the notation is made "Took subscription to Living Church to . . . ."

January 16.—"Sent $4.00 to Living Church paper."

March 31.—"Attended Church with E—'s folks."

April 1—"Attended Church early communion and morning prayer."

April 8.—"Went to M. E. Meeting A. M. to Congregational in evening. The M. E. minister says the Wesleys are the founders of our Church."

August 12 (Sunday).—"Heard B. C. B. in evening."

September 30.—"Attended the M. E. Church."

October 14.—"Attended Congregational in even."

November 19.—"Rev. . . . called."

November 23.—"Church services at H—'s."

As in every physician's life there were pronounced periods of depression and the "silver lining" was all too frequently obscured.

January 28.—"Lazy, discouraged, nothing to do and no courage to do, neglecting even the little I might do."

March 7.—"Attended funeral of Mrs. W——." 8.—"Called to see —— Think he will die soon. Very sad." (He was buried eleven days later.) 26.—"L—— F's wife buried." 28.—"Have seen nobody's tongue to-day."

April 13—"Mrs. A—— died." April 14.—Mrs. L——, W——'s sister, died of cancer." 18.—"No work today." 25.—"Nelson came home on No. 5 with sore throat. Has a hard cold." 26.—"Nelson no better. Fever high. Took bath and went to bed in a faint. Discouraged. Crepitation in right lung. Temperature high. I am alarmed." 27.—"Nelson getting worse." 28.—"Silence is appropriate. Nelson worse." 28.—"My boy is going to die. What shall we do?"

May 3.—"I have just buried my boy, my poor handsome boy of whom I was so proud and now I am broken hearted." 18.—"No medical work today." 24.—"Big day for races." 26.—"Last day of the races." 30.—"Decoration services largely attended."

July 5.—"Last of the strawberries."

August 3.—"Sold my oats $3.00." 7.—"Attended H——'s funeral." 15.—"Attended Pioneer meeting at Long Lake." 21.—"Attended children's concert." 29.—"Nelson my beautiful boy was born 27 years ago to-day."

On September 4th, he made two prescriptions at 50 cents each, on the following day one, and one visit ($1.00). His visits were as a rule one or two, on occasions three, rarely four.

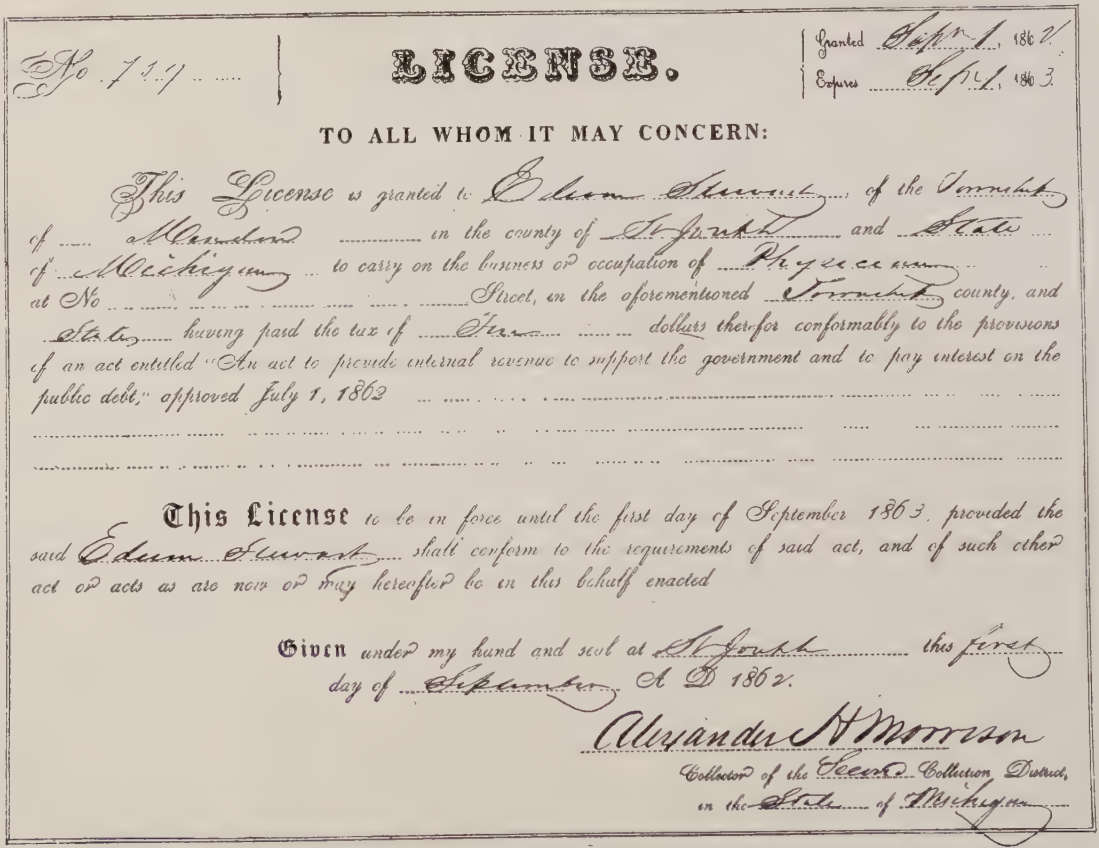
September 9.—"Heard a tree toad, the first in many weeks." 17.—"Excursion to Perry, N. Y." 25.—"Burrows spoke in the Rink."

October 3.—"Democratic rally." Being a staunch republican it is doubtful if he attended this. At all events he records no impressions.

November 6.—"Election day." 13.—"Republican jubilee."

December 4.—"Found presentation 2 weeks ago. 12 hours before birth felt the pulse at the fontanelles." 14.—"Attended Home Concert." 18.—"Went to Sturgis with Mattie who started for her father's in Iowa. Our beautiful Grand Child is gone. Poor Mattie."

Among his recorded prescriptions for diphtheria is one of Iodine 30 minims, Water 1 oz., apply with swab every hour. Also "take whisky &" (illegible).



No. 737

Granted Sept 1, 1862.
Expires Sept 1, 1863.

LICENSE.

TO ALL WHOM IT MAY CONCERN:

This License is granted to Edwin Stewart *of the* Township *of* Mendon *in the county of* St Joseph *and* State *of* Michigan *to carry on the business or occupation of* Physician *at No .... Street, in the aforementioned* Township *county, and* State *having paid the tax of* Ten *dollars therefor conformably to the provisions of an act entitled "An act to provide internal revenue to support the government and to pay interest on the public debt," approved July 1, 1862*

This License *to be in force until the first day of September 1863, provided the said* Edwin Stewart *shall conform to the requirements of said act, and of such other act or acts as are now or may hereafter be in this behalf enacted*

Given *under my hand and seal at* St Joseph *this* first *day of* September *A D 1862.*

Alexander H Morrison
Collector of the Second *Collection District, in the* State *of* Michigan

A Civil War-time Revenue Measure
License for one year granted to Dr. Edwin Stewart

For puerperal fever "Hot water injections with Boroglyceride. Give Antifebrine."

For skin diseases "Lac Sulphur gr. 30 Carb. ammonium grs. 30 Petrolatum oz. 1, Perfume q. s."

For erysipelas "Carbolic Acid 15 to 25 grs. Glycerine 1 oz. Apply with brush every 2 hours."

He had no prejudice against whisky, which he prescribed for colds in connection with paregoric, glycerine and chloroform. The obligation (or something) which the medical profession owes to the prohibitionists in its ranks is cumulative and overwhelming and will be "liquid"(ated) with difficulty. Practical pioneering had its immediate compensations. The advantages (or otherwise) of theoretic pioneering are enjoyed (or endured) at distant periods of time.

Dr. Joseph Woodman came to Michigan in the fall of 1837 and settled in Novi, Oakland County, where he died, August 13, 1828.

Dr. James Hyde of Eaton Rapids, was born in Wilsonburg, New Hampshire, in 1833, and came to Michigan with his parents when nine years of age.[31]

Dr. Lenora Foster, who was graduated from Vermont Medical College in 1840 and who settled in Otsego, Allegan County in 1845, died October 30, 1893, aged 78 years, 3 months. He was president of the Allegan County Medical Society in 1851, the Kalamazoo Medical Society in 1865 and was first vice-president of the Michigan State Medical Society in 1871.[31]

Dr. John De Lamater of Huguenot ancestry, born in Pompey, New York, first came to Michigan in 1834. He returned to New York State, attended Cazenovia Seminary and was later graduated in medicine at Castleton, Vermont. He began practice in "Jacksonburgh" and continued therein for several years until compelled to abandon it on account of ill health. Then he moved to a farm in Brooklyn, where he lived until 1878. He died in Jackson December 30, 1900.[31]

Dr. John H. Montgomery, born August 22, 1811, at Lodi, Seneca County, New York, came to Marshall in 1835 with a "host of bright, enterprising men of that day to the new and wild but attractive territory of Michigan."

"He built the residence in which he died in 1850 and for these many years he has met his loved friends with open handed hospitality and his numerous patients with kindly, sympathetic grasp, hopeful words and never failing skill at his open door."

"He was a lively, entertaining talker and possessed a large fund of anecdote and a rare good humor that made him a favorite in any company."

He was a member of the County Medical and State Medical Societies; was Senior Warden of Trinity Church. He died October 25, 1887.[31]

Dr. Charles P. McSherry was the first physician to settle in Muskegon (1849) and for many years was a widely known practitioner.[31]

Dr. Dwight Boyden Nims was born September 12, 1808, at Conway, Franklin County, Massachusetts. His parents were James Nims and Lucy Boyden Nims, who were born, married, lived and died in old age at the same place. According to the family traditions, his ancestors came from England in early colonial times, and settled near Boston.

He received the benefits of the district school system of education which prevailed throughout New England; when old enough to labor, worked on a farm in summer and attended school in winter. He also was a pupil at the Deerfield, Massachusetts, Academy for three years. He thus received a good, substantial, common school education, under the severe training which was in those days in vogue. In the winter of 1829 he taught a district school in the town of Windsor, Franklin County, Massachusetts.

In May, 1830, he left Massachusetts, and, in the parlance of that time, "moved west," taking up his residence at Manlius, Onondaga County, New York. He there taught school for a time at a place then called Eagle Village.

In the summer of 1831 he commenced the study of his life's profession in the office of Dr. Henry B. Moore, of Manlius, with whom, he, however, remained but a few months, thence going into the office of Dr. and Hon. William Taylor. With this eminent physician he remained until the completion of his preparatory studies. He attended his first course of medical lectures at the College of Physicians and Surgeons, Western District, located at Fairfield, Herkimer County, New York. His second course was had at the Berkshire Medical Institution, Pittsfield, Massachusetts, from which he graduated with credit, and received his diploma as an M.D., in June, 1833. While at the first named college he had the benefit of lectures from the following eminent professors: T. Romeyn Beck, W. Willoughby, John DeLamater, James McNaughton, and James Hadley. At the Berkshire Institution the following was the composition of the faculty: Drs. H. H. Childs, Chester Dewey, Willard Parker, and Elisha Bartlett; Rev. Mark Hopkins was president, as well as of Williams College.

On receiving his diploma, he commenced the practice of medicine at Manlius, New York, and after a few months became associated in business with his former preceptor, Dr. William Taylor, who was at that time a member of Congress.

In September (8), 1834, he was married to Miss Anna A. White, of Manlius. In September, 1835, he removed to Michigan and first settled at Clinton, Lenawee County, and became associated in business with Dr. Alonzo Cressey, then a member of the Michigan Legislature. In 1839 he removed to Homer, Calhoun County, Michigan, where he remained for many years. Soon after arriving there, he formed a partnership with Dr. Vernon Parks, which continued, however, something less than two years. He was postmaster at Homer during the administrations of Franklin Pierce and James Buchanan. He removed from Homer to Jackson, Michigan, in December, 1864.

Dr. Nims always took a close and active interest in the development and welfare of medical science. He was a member of the Onondaga County (New York) Medical Society, the Calhoun County (Michigan) and Jackson County (Michigan) Medical Societies; and of the latter was the efficient president for four years. He was elected a member of the American Medical Association in 1856, of the Michigan State Medical Society in 1872, and in 1878 a member of its Judicial Council.

While he was never a man of strong body and vigorous health, yet he was always free from serious infirmity or disease, a fact due, probably, to his careful, regular, and temperate habits, persistently observed through life, and the total disuse of ardent spirits and tobacco. In 1859 he had the misfortune, as the result of a fall, to receive a fracture of the left femur at its neck, a casualty which has been the occasion of much inconvenience and suffering since, and from which he never wholly recovered.

Dr. Nims had always been in country practice; had incurred through many years the toils, anxieties, inconveniences and troubles of all kinds that beset the pioneers of the profession in Michigan, and which carried so many to early graves.

Through a long and busy life his whole heart and soul have been given to his profession. While the record of such a life may not exhibit many startling cases of success in medical or surgical practice, yet as a chronicle of continuous toil, fidelity, and devotion to the cause of human life, it merits our honor and our homage. In later years he made a specialty of diseases of women.

Dr. Nims was very reticent in speech, and unobtrusive in manner, yet his heart was full of kindness and sympathy, as the true physician's heart always is. He always succeeded in maintaining a good understanding with his brethren, and securing their unfailing respect for his professional courtesy and ability; especially in consultations were his courtesy and fairness deserving the highest commendations.

Since 1850 he was a regular attendant upon the services of the Episcopal Church. His family consists of his wife and three children—two sons and one daughter, all in mature life.

Dr. Nims died at Jackson, April 15, 1879, of pneumonia, after an illness of only five days. He was interred at Jackson.

Resolutions of respect to his memory and worth were passed by the Jackson County Medical Society.[35]

Dr. Nathan Mitchell died at his home, at Colon, St. Joseph County, Michigan, January 26, 1879, in the seventy-first year of his age.

He was born November 27, 1808, in the town of Calais, Washington County, State of Vermont. His father being a farmer, he was early trained to agricultural pursuits, which he followed until he became of age, securing at the same time more than an average education from the limited educational advantages of those days. He immediately commenced the study of medicine, and in 1830 entered the Middlebury Medical College and graduated in 1834, starting immediately for the far west, as it was considered in those times, and located in Trumbull, Ashtabula county, Ohio, and practiced his profession successfully in that place for five years.

"In 1839 he came to Michigan, and located in Colon, St. Joseph County, where he has been ever since. Commencing, as he did, with the early settlers, he shared all the ups and downs of a new country with them, and for forty years has been a faithful physician to the people, riding far and near in an early day to relieve suffering, and ofttimes without money and without price.

"The doctor was a careful student, possessing a very active and retentive mind, ever anxious to grasp all the advancements in the science of his profession. He was a member of the St. Joseph Valley Medical Society and the Michigan State Medical Association.

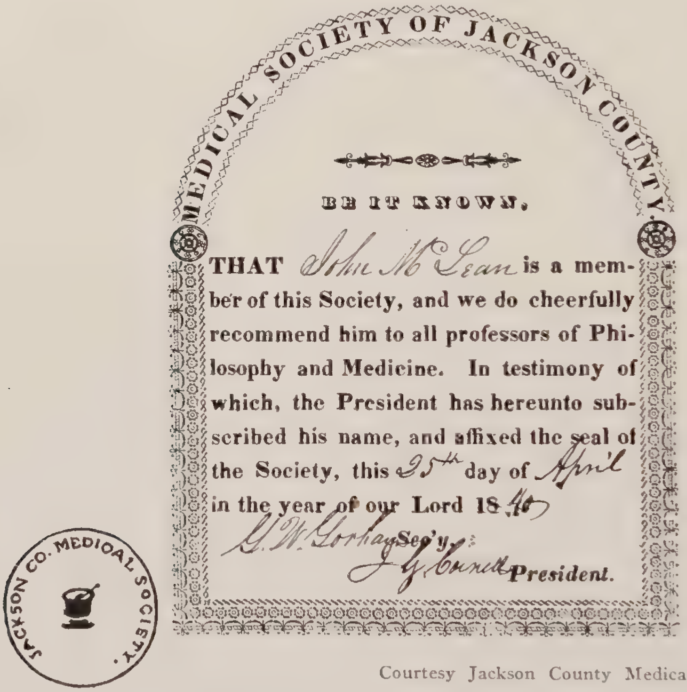
"About two years ago a cancer made its appearance on his lip, and steadily progressed, destroying all the lower portion of his face, gums, jaw and neighboring lymphatic ganglions. The doctor bore his affliction in a remarkable manner. He suffered one operation in its early stage, and used all the means he could command to arrest the disease, but to no purpose, and for the last few months he patiently awaited the slow but sure result.

"He was a successful physician, and highly esteemed by the profession."[35]

Dr. Morse Stewart (1818-1906) was born at Penn Yan, New York, July 5, 1818, of Scotch-Irish ancestry who had lived more than a hundred years in Connecticut ere moving to the wilderness of west New York. His general education was obtained at a preparatory school in Pittsfield, Massachusetts, and Hamilton College, New York, where he completed the regular course at the age of twenty. He began medical studies with Dr. Samuel Foote, of Jamestown, New York, took three courses at Geneva Medical College, at Geneva, New York, and took his M.D. in 1841. After doing postgraduate work he settled in Detroit, Michigan, in 1842. The same year he was licensed to practice by the Michigan Medical Society. He was a founder for the first and second epochs of the Wayne County (Michigan) Medical Society, a founder of the Sydenham Medical Society of Detroit, a founder of the Detroit Medical Society and its first president.

Dr. Stewart was very active during the epidemics of Asiatic cholera, 1849-1854, and recognized the first case of cerebro-spinal meningitis occurring in Detroit. Dr. Stewart was about five feet, nine inches tall, of spare and slender build, large head covered with abundant hair, high forehead, prominent nose, firm, sensitive mouth and chin, always a smooth shaven face, fine blue eyes protected by projecting bone and eyebrows. His carriage and manner were characteristic of an old-time educated gentleman. He was crippled in many ways by deafness, and a temper which occasionally got the best of him. Dr. Stewart was married twice; first to Miss Hastings, by whom he had no children; second to Isabella, daughter of Reverend George Duffield. She died in 1888 leaving three sons and two daughters. Two of the sons, Morse, Jr., and Duffield, became physicians. Dr. Stewart and his second wife were large factors in the founding and conduct of the Detroit Home for the

Friendless; the Thompson Home for Old Ladies; and Harper Hospital (Detroit). Except for them the money for Harper Hospital would have gone to endow the First Presbyterian Church. Dr. Morse Stewart practiced till October 3, 1906, when feeling weary he lay down to rest; and on October 9, quietly passed to the unknown. Most of his papers and addresses were never published, for in the period of his greatest productiveness, the facilities for publication were meager and he had an extreme modesty. Follows a list reprinted from the *Biographical Cyclopedia of Michigan*, West Publishing Co., New York and Detroit, 1900.[5]



MEDICAL SOCIETY OF JACKSON COUNTY.

BE IT KNOWN,

THAT John McLean is a member of this Society, and we do cheerfully recommend him to all professors of Philosophy and Medicine. In testimony of which, the President has hereunto subscribed his name, and affixed the seal of the Society, this 25th day of April in the year of our Lord 1840

G. W. Gorham Sec'y.

J. G. Cornell President.

Courtesy Jackson County Medical Society

Certificate of Dr. John McLean

Dr. John McLean according to the Medical History of Illinois, Volume I, Page 205, was born at Caledonia, Livingston County, New York, June 25, 1814; received a certificate from Herkimer County Medical Society which entitled him to practice medicine, moved to Jackson, Michigan, in 1837, received a certificate from Jackson County Medical Society in 1839; practiced there until 1871; died March 10, 1879. He held the professorship of materia medica and therapeutics in Rush Medical College from 1843 to 1855, when he resigned.

Of Dr. J. G. Cornell, whose name is signed to the McLean certificate, Dr. Philip Riley, secretary of the Jackson County Medical Society, writes: He "came to Jackson County, Spring Arbor township, from New York State, in the late thirties and died there in 1857. He was the first president of the Jackson County Medical Society. His son, George, graduated in medicine at Ann Arbor and practiced all his life at St. Clair, Michigan. He died there in the late seventies. George had a son, Grey Cornell, who also studied medicine . . . I believe he was at the hospital at Grayling within the last two or three years."

"J. G. Cornell was also the first president of the Jackson County Agricultural Society at its inception in the thirties."

"James Porter Greves, M.D., was familiarly known as the 'Father of Riverside,' and well he deserved the title. He was the real founder of the Colony Association, the first to visit and select the lands, and the first to occupy them, camping upon the desert plain now occupied by the city of Riverside [September 19, 1870]. For nearly twenty years his life and life's efforts were intimately interwoven with the history of Riverside and the colony. No man in the community was better known or more universally respected and esteemed than he.

"Dr. Greves was born in Skaneateles, Onondaga County, New York, September 6, 1810. When a youth he was apprenticed to a printer in Utica, N. Y., and served four years. In 1828 he began the study of medicine under the tutorship of Dr. Batchelor, a well known physician of that city, and at the age of twenty-one graduated from the Fairfield Medical College, and commenced the practice of his profession. In 1833 he married Miss Helen Sandford, a native of Ovid, New York, and moved to Marshall, Michigan; there he followed his profession until the summer of 1845, when he moved to Milwaukee, and practiced medicine there until 1859; then he went to St. Louis. . . . In 1862 his health failed and during the next seven years he lived in several places in pursuit of health. . . . When in New York he and Judge J. W. North conceived the idea of a colony in Southern California. He spent the winter of 1869-1870 in Marshall, Michigan, where he got up an excursion trip to California in April, 1870, composed of nearly one hundred persons. Judge North, Dr. Sanford Eastman and wife, E. G. Brown, A. J. Twogood and Dr. Greves proceeded direct to Los Angeles and explored that region for a suitable location of a colony.

"Not being satisfied, E. G. Brown and Dr. Greves visited the present site of Riverside, and, being pleased, induced Judge North also to examine it. This was June 24, 1870. Negotiations were commenced for the purchase of about 8,000 acres of land, and were concluded September 13, 1870, and on the nineteenth of the same month Judge North and Dr. Greves arrived on the ground, and camped in the open air where the center of the business district is now located.

"Having found the long sought for health resort, the Doctor turned his attention to fruit raising, and was one of the first to enter into horticultural pursuits. In this and the sale of lands he was quite successful. . . . He was the first postmaster appointed in Riverside, and filled the office for ten years.

"He was also a member of the first Board of City Trustees elected in the city, and in political matters was a strong Republican.

"The Doctor conducted his business enterprises until 1887, and was then compelled on account of ill health to retire from active pursuits . . . He died in Riverside, September 25, 1889. . . ."

The foregoing is from the "History of Southern California." Acknowledgment is made to Mr. Arthur Hurd of Los Angeles.

Dr. Charles S. Burton died at Hastings, December 11, 1902, aged 78 years. He was born at Waterloo, New York, and was of English ancestry. He was a pioneer homeopathic physician in Michigan. He spent several years with his wife and oldest son, Charles, in California, and Clarence M. was born at Whiskey Diggings, that State. Returning to Michigan, he edited one of the first newspapers in the State, and was prominent in political work according to his beliefs. He was a strong advocate of education, giving his children many advantages along these lines. He leaves four living children, Charles F. and Clarence M. of Detroit; Edward A. of Hastings, and Mrs. Ellen B. Judson of Lansing, Michigan.[31]

Dr. Francis John Higginson, born in Massachusetts in 1804 and a graduate in the Arts and in Medicine at Harvard, came to Grand Rapids in 1835.

After practicing his profession "in this wilderness" amongst "a sparse population largely made up of Indians," he tired of the frontier and returned to what was at that time the not so effete East.

He was a member of the Board of Regents of the University of Michigan, 1840-1841. He died in Boston in 1872.[29]

Dr. Chauncey B. Goodrich, born in the State of New York in 1818, represented Allegan County in the legislature of 1857-1858. He practiced medicine in Allegan County from 1842 until 1871 when his death occurred. "He was the first physician in Saugatuck."[29]

The following account of a unique character is contributed to "Michigan Pioneer Collections":

"Whence is thy learning? hath thy toil
O'er books consumed the midnight oil?
Hast thou old Greece and Rome surveyed?
And the vast sense of Plato weighed?
Hast Socrates thy soul refined,
And hast thou fathomed Tully's mind?
Or like the wise Ulysses thrown,
By various fates, on realms unknown,
Hast thou through many cities strayed,
Their customs, laws, and manner weighed?"

How many people in southwestern Michigan still carry a vivid picture in their memory of a Quaker-garbed, small-sized man, mounted on an Arabian horse that he was accustomed to ride for many years along the roads and byways of the country? He had no home, kith or kin, save those he found with some settler at the end of each day's wanderings. All that most people knew and could say of this quiet man was, "That is old Doctor Lamborn!" The epithet "old" was from custom; he was then about forty years of age.

But those words, "Old Doctor Lamborn," comprised an odd compound of vast learning, shrewdness, conceit, love of argument, and an acrid directness in answering question, or giving his opinion without stint or favor, and no one ever conversed with him five minutes without being impressed with the idea that he had met a remarkable man: It mattered not what subject was broached, he not only seemed familiar with it, but thoroughly versed in it. His knowledge was at once vast and various. He had mastered history, politics, law, metaphysics, moral science, and almost every other branch of knowledge, which enabled him to display an erudition as marvelous as it was varied in kind. No one knew this strange personage, as we have said, save by the name of "Old Doctor Lamborn"; and in the old settler's imagination that name might represent some astrologer or philosopher, a Wayland Smith, or cynic Diogenes, who, by some trick of anachronism, had strayed down to us from the olden time. In fact, one had but to change the circumstances of his birth, give him the "tub, wallet and staff," and the old doctor could have played the rôle of Diogenes to the satisfaction of all Greece. He could handle the topics of the day better than any man I ever knew; and as to getting to the limits of his learning or scientific knowledge, or getting him off his feet by question or argument, you might as well have tried the trick on old Parr or Parson. It was useless to say "it was only a wonderful memory." Men of eminence in the various departments of learning who knew him, said that he was the most learned and best informed man they ever met. He was supposed to have come into this State on horseback, an unknown Quaker knight errant, a strange, mysterious man, without a local habitation, or a name save that of "Old Doctor Lamborn." And the kind of mystery that clung to him, in regard to who he was, invested him and all he did with a kind of weird charm. A gentle rap at the door of a settler's log house, perhaps late in the evening, and, on answering it, a small man in Quaker dress saluted one with, "Good evening to thee, sir," and kindly asked for entertainment for himself over night and provender for his horse.

I was at the farm home of my brother-in-law, Edwin Dickinson, in Battle Creek, sometime in the "forties," when, late in the evening, we heard a rap at the door and, to my surprise, old Doctor Lamborn presented himself, with a "Good evening to thee." He was assured, in answer to his inquiry, that he could be lodged for the night. Supper was given him. I think the old doctor was a light eater, but he talked much while eating, apparently enjoying the conversation as much as he did his supper; I allowed the family to remain ignorant for some time as to who this strange and learned visitor was. The doctor did not recognize me. At last Mr. Dickinson called me aside and asked whether I knew this gentleman; was he president of some college or some wandering philosopher, or statesman? I replied that it made but little difference what he called him, whether a doctor of laws, or statesman, his title was high enough up in the scale of learning and science to answer any draught in that direction, but we would call him "Old Doctor Lamborn," as everybody else did. It was twelve o'clock before the family retired, so interested were they in the old doctor's conversation. All that I had read of in books about Burke, Dr. Johnson, and other great talkers, I seemed to realize that evening, as we were grouped about the cheerful fireplace in the old log house, listening to the talk of this interesting man.

In the morning when he left, he thanked Mr. Dickinson for the entertainment he had given him, and said, "I will treat some other person as kindly as thou hast me, and that will pay the debt."

Thus the old doctor, like a modern knight-errant, mounted on his favorite "leopard mare," wandered about the country for many years, while but few people knew anything of his real history. Sometime in 1872, the writer obtained from Dr. Upjohn, Dr. Thomas, and others, the material for the following sketch of his early life:

Dr. Isaac Lamborn was a native of Leesburg, Loudon county, Virginia, where he was born towards the close the last century. He is said to have graduated at the University of Pennsylvania, at Philadelphia, where he also studied medicine under Professor Gibson, a man of well known reputation. Here he secured the title of M.D., and 'tis said that he also graduated at William and Mary College in Virginia.

Dr. Uriah Upjohn says of him: "Theoretically he knew everything in the science of medicine; was learned, profoundly versed as a physician, although he never engaged in regular practice." Though so fond of conversation and discussion, he seldom laughed. Dr. N. M. Thomas, of Schoolcraft, says he came of Quaker parentage, and that he studied medicine near the place of his birth. He also states that his father was noted for his eccentricities, of which his neighbors often made sport. Dr. Thomas met Dr. Lamborn, in September, 1828, in Mount Pleasant, Jefferson County, Ohio. And it is said that he went about as a Quaker preacher, and also as a lecturer. He came to Michigan in 1830, Dr. Thomas thinks later. About 1824 he visited Washington, D. C., where he was employed as a stenographer or reporter, during the administration of John Quincy Adams. In that department his reputation was unrivaled. In the capital of the Nation he formed the acquaintance of many prominent statesmen and politicians, and having a superior capacity, and a most retentive memory, acquired a remarkable knowledge, of not only the principal actors in the political arena, but of the most profound principles of human government. Dr. Mottram, of Kalamazoo, says his penetration of character was wonderful, and that his analysis of the character, peculiarities, and special traits of all the noted men he had met in his time, was better than phrenological delineation, by the ablest lecturer upon the (so-called) science.

While in Washington he turned his attention mostly to the study of American politics, and as in the case of his study of medicine, he soon mastered the subject. His knowledge of men and principles was most wonderful. A prominent gentleman of Kalamazoo says of him, "He seemed to have no common sense, but he had the greatest store of *un*-common sense of any man I ever knew." Whatever subject he investigated he seemed to grasp at once and become proficient in it. With all of his other acquirements he had a very wide knowledge of history. Dr. David E. Brown, one of Kalamazoo's able and well known physicians, was from the same part of Virginia, and an old time friend of Dr. Lamborn's. When he removed to Michigan in 1830, the old doctor came with him. Dr. Brown was a Whig, and Dr. Lamborn a democrat, though a very independent one, reserving tenaciously the right of private judgment. He and Dr. Brown have had many a "passage-at-arms" upon political matters, and it is said that the eccentric old doctor always discomfited his old Virginia friend or overwhelmed him in argument.

Dr. Upjohn said in answer to a question as to whether Dr. Lamborn graduated from any literary institute: "I think he did, there is not much doubt of it; but be that as it may, one thing is certain, he knew enough to have graduated from a half dozen of the best colleges in the land. I first met him at Gun Plains, where I learned that he was to deliver a lecture on stenography. I went and heard a masterful lecture on that beautiful art." Among his many accomplishments was that of a practical knowledge of surveying. Upon this subject he took great pleasure in discoursing; but he had an excellent understanding of the system of surveys adopted by the United States authorities about 1785. He was also an accomplished mathematician.

Religiously, he was a Hicksite Quaker, and his opinions were not kept to himself in this direction any more than in political matters. He was ever outspoken, earnest, and severely critical, a most remarkable debater, and supplied with an unfailing stock of repartee. He was habitually of a melancholy temperament, which was said by those who knew him to have been caused by a disappointment in an affair of the heart in early life. He was sometimes remonstrated with for being so positive and outspoken, and the suggestion was ventured that it would be better for him to curb himself and use milder language. He replied, "It was born in me. I was once put in a barrel by my parents for some disobedience; but I could not brook restraint. I rolled my prison over and got out."

The writer of this biographical sketch was a student of the branch of the Michigan University at Kalamazoo from 1843 to 1846, and often met the old doctor in the Burr Oak city, his favorite resort. To the students of the branch Doctor Lamborn was a "wandering cyclopedia," a "Bodleian library in boots." One day in the summer of 1844 it was rumored that a phrenological lecturer had just arrived in town and proposed to deliver a course of lectures on that science. During the day he had posted about the town large, attractive bills, stating in full his course of lectures. It happened that some of the students that same day came across the old doctor, and the idea seized them of the rare sport there would be in bringing the two together and getting the doctor to "overhaul" the new science of phrenology. After some coaxing we prevailed on our learned friend to go with us, and we would introduce him to the lecturer. The introduction over, the first remark of the doctor was, "I un-der-*stand* thee *professes* to give the character of men by feeling of the bumps on their heads." "By examining the different organs on their heads," said the lecturer. "Thou hast no right to call them organs; thou has not proved them to be organs of the mind, and until thou hast, thy science is merely 'bumpology.' " The lecturer saw at once that the old doctor had struck at the vital part of his science, and although he attempted to argue with him a while, he soon found that it was useless to try to defend phrenology against the attacks of so keen and able a reasoner. And the question then was, not how to answer his antagonist's arguments, but how to get rid of him, for the doctor kept on demolishing this would-be science. He finally said, "My learned friend, I have matters needing my immediate attention and shall have to bid you good day," and he left the doctor. It is needless to say that this lecturer did not carry out his program in Kalamazoo. After his subject, phrenology, had been so completely used up, he did not think that there was enough of it left to lecture on. Consequently, he tore down most of his handbills, and left Kalamazoo on the first stage going east. But before he left he asked the students: "Who in the name of learning and science is this wonderful man?" They told him that he was a lineal descendant and sole intellectual heir of Diogenes, the cynic philosopher. He replied: "There is not the least doubt of it; he is a chip of the old block, if not the old block itself." And he shook the dust of the town from his feet and left it.

From E. M. Clapp I have obtained the following incidents:

At one time the old doctor had been active in getting signatures to a petition which he had drawn up, and was exceedingly anxious to have it presented to the legislature. Having secured a large number of signers, sanguine of success, he forwarded it to the legislature. But, although his name, like "Abou Ben Adhem," led all the rest, the petition was never afterwards heard of. The doctor could not bear to be foiled, and he was exceedingly worried as to the fate of his petition. His old-time acquaintance, Edwin H. Lothrop, was a member of the legislature, and for some reason the doctor believed that he was the cause of suppressing his lost document. Cut to the quick by what he considered a flagrant act of injustice, he exclaimed, "The right of petition, the most sacred right of an American citizen, a right conceded by all legislative bodies where man is free, this right is denied us in Michigan. Edwin H. Lothrop has done an act that would have cost Louis Napoleon his head!"

In the days when Mormonism was busy making proselytes in southwestern Michigan, a meeting of the "faithful" was held in the log schoolhouse in Mr. Clapp's neighborhood, some three miles south of Galesburg. Several able preachers were present, the house was crowded, and the meeting being fairly opened, a spirit of deep interest began to manifest itself, when suddenly, from the corner of the room, the shrill piping voice of Doctor Lamborn arrested the attention of the entire audience as he began a searching and severe castigation of the Mormon theories and doctrines. Few present knew the old doctor, and the Mormon leaders whispered to those near, "Who is it? Who is it?" Yet no one knew. Those present who chanced to know Dr. Lamborn felt assured that the "saints" had caught a Tartar, who would thoroughly expose the whole business and intent of their meeting. The ablest leaders replied to him, but that made the matter worse, for they had an opponent whose wits sharpened under debate, and their arguments were so ably answered or so skillfully parried and turned against them, that they were soon ready to exclaim with Sir Andrew Aguecheek, "An' I thought he had been so valiant and cunning in fence, I'd have seen him d—d ere I'd have challenged him."

Josh Billings says that he has known a hornet that felt well to break up a whole camp meeting. Now, it is evident that the old doctor "felt well" that evening, and it is an undisputed fact that he broke up that Mormon meeting. That old schoolhouse in after years was pointed out as the spot where "Old Doctor Lamborn once routed the Latter Day Saints."

The writer was present at a Free-Soil meeting held in Centerville, St. Joseph county, in the autumn of 1848. After several speakers had addressed the meeting, suddenly from a corner of the room came the sound of a jerky yet distinct voice, exclaiming—"Fel-low Cit-i-zens!" The peculiar, nervous, tremulous, deliberate tones attracted all ears, and all eyes were turned to a medium sized man of sixty years, pouring forth pithy sentences with an earnestness that riveted the attention of all present, while, as he continued, he lighted up the dull path of logic with the glow of a captivating fancy and spiced his remarks with historical illustrations and blunt truths. All were astonished to hear him talk in such an unpremeditated strain of eloquence. At length, the president of the meeting, Hon. Albert Metcalf, turned to Mills Hammond, the secretary, and in an undertone exclaimed, "Who in the name of Free-soilism have we got among us?" Hammond, who knew the fiery stranger, replied, "We've got Old Doctor Lamborn among us, and I see he's on the aggressive, and unless we get rid of him soon there will not be much of Free-soilism left." He then whispered to A. D. P. Van Buren, who was assistant secretary, and said, "Van, do you know that we have caught a Tartar?" The latter replied "Yes" and added, "He is after us, and if we do not 'head him off' he will make havoc of the previous speeches and use up a good deal of time."

In the meanwhile the doctor was warming to his subject, and slashing right and left with a blade as keen and sure as Saladin's. Great political questions were being manipulated under his dexterous logic, in a manner worthy of a Chatham or a Burke. His eloquence and wonderful reasoning thrilled and aroused the free-soil element to indignant resentment, upon seeing which the old doctor poured out the vials of his wrath and biting sarcasm more profusely than before. Said he, "You are displeased when I tell you that you are untrue to the fundamental principles of republican liberty—principles for which Al-ger-non Sidney died, for which Lord William Russell suffered, and for which John Hamp-den fell." Time was precious, and finally tthe president said, "I hope the gentleman will be brief, as others desire to speak." But the doctor went on until some of the audience, getting exasperated at his stinging invectives and bitter sarcasm, began to shuffle their feet to drown his voice, or disconcert him. At this he turned towards them, and, like an aroused Thersites, pointing his index finger at them, exclaimed, "Ye do the work of your masters well! Ye would hiss them for a bribe, ye hireling brood! Ye recreant sons of Michigan! I have the floor, ye cannot hiss me down!" Thus he went on until he had poured out the vials of his wrath upon that free-soil crowd, and he sat down to the relief of all. "And yet," says an old free-soiler, "I was glad, and so were many others present on that occasion, that I had had the opportunity of hearing this wonderfully gifted man in the rôle of the orator." What a gift in the use of words, which, when he is aroused, have a "scorpion's lash, and his sarcasm stings like a hornet."

There were two men of whom the old doctor could not hear an ill word spoken without its arousing all the ire in him. They were Elias Hicks and John Quincy Adams.

In a political speech at Battle Creek, during the exciting Whig campaign of 1844, he said, "Fel-low cit-i-zens! I come among you a Christ-ian pat-riot and schol-ar. Really there are but three great men in America. Dan-iel Web-ster is one, Hen-ry Clay is another, and the third modesty forbids me to men-tion!"

The doctor professed to know all the celebrated stock raisers in the United States, and all about their herds, and suggested to William Jones, a wealthy farmer of Young's Prairie, Cass county, that for a moderate commission he would purchase the best blooded Durham bull in the country for him. Jones had stated to the doctor that he wanted such an animal. But when he found that the latter talked business, in the shape of dollars and cents, he began to cast about him for some way to get out of the fix he was in, but could not, so he bluntly told the doctor that he should make his own selection and save the commission. At this the old doctor became disgusted, picked up his budget and started for Vandalia, a village a few miles distant. Here he met an old acquaintance, to whom he told the whole story of his late interview with farmer Jones, and then said, "Friend Stephen, thee has heard my story. Now, which does thee think is possessed of the greatest amount of common sense, William Jones, of Young's Prairie, or a well-bred Durham bull? I leave that question for thee to determine. Farewell." Picking up his budget and throwing it over his shoulder he was soon lost to view.

When the old doctor considered himself abused, or imposed on, he was capable of the retort severe. When he was getting well along in years, more eccentric and *outré* in his appearance, he visited Kalamazoo, where some large boys treated him with less respect than he was wont to claim. Gathering around him they jokingly asked him who he was and what was his business. The old doctor turned upon them a withering look and in his inimitable way replied,

"I am an agent of his Satanic Majesty, who has commissioned me to look up a new place to locate hell, and I think I shall recommend Kalamazoo."

Some one was laying great stress on legal suasion in enforcing temperance. The old doctor quickly replied, "You cannot control man's appetite or make him moral by statute law. It is a pity that that man was not present when the world was made, he might have given the Creator some wise suggestions."

Like many a great man before him the doctor had a weak spot in his armor; he was open to flattery. The Michigan railroad companies got into difficulties about crossing each other's lines south of Chicago. Dr. Mottram, of Kalamazoo, told Dr. Lamborn that the two companies had agreed to refer the matter in dispute to two distinguished umpires in England, and that the latter gentlemen had requested that some eminent American be associated with them in this arbitration, and, finally, that Mr. Brooks, superintendent of the Michigan Central railroad, had requested Dr. Mottram to secure the counsel of Dr. Lamborn. The latter was wonderfully pleased at this distinguished recognition of his abilities. A few days after this announcement, Dr. Lamborn said to his friend, Dr. Mottram, "Has thee heard any more about the matter from Superintendent Brooks?" The doctor made some excuse or explanation for the time. But the old doctor again and again referred to it, "Has thy friend Brooks yet decided when the matter of adjudicating this railroad difficulty shall take place?" Dr. Mottram had finally to frame some plausible excuse for the failure to call upon him.

Dolphin Morris, one of the pioneers of Little Prairie Ronde, had engaged the doctor to survey a portion of land for him. Some one, wishing to annoy the old doctor, had told Mr. Morris that he did not understand surveying, and hence would make a "botch" of it. Morris, believing the man told the truth, tried to "buy off" the doctor, saying he did not care to have the surveying done then. This touched the old doctor to the quick; proud of his skill as a surveyor, he could not brook such trifling, and he retorted, "No, sir! A contract between man and man is a sacred thing; ye cannot buy me off; I was bribed by a fool once, and never will be again!"

At the noted malpractice trial in Kalamazoo in 1844, before Judge Ransom, wherein Dr. N. M. Thomas was defendant, and Mr. Beals of Schoolcraft, plaintiff, Dr. Lamborn was subpœnaed as a witness. Among the eminent men present and interested, were Dr. Brainard, president of Rush Medical College, Chicago: Professor Meeker, president of the Laporte Medical College, Indiana; Dr. Zina Pitcher of Detroit; Professor Shipman, of Cincinnati; and many other prominent physicians from various parts of Michigan. The counsel consisted of Hon. Charles E. Stuart for the plaintiff, and Messrs. Balch and Gordon for the defendant.

The question at issue was, could a fracture be so successfully treated that one could not determine whether the bone had been broken or not?

Among this array of medical talent Dr. Lamborn, when called upon to take the witness stand, was a marked figure. All eyes were fixed upon him, and all ears attentive to what he had to say. They look, they listen, but he stands the test. He gives his testimony so understandingly and so composedly—never faltering or found at fault under the most searching examination—as to completely surprise everybody. And when they reach the critical question, as to the treatment of a fracture, he tells them that Sir Astley Cooper had stated in his writings that a fracture may be so successfully treated that it cannot be told by observation whether the bone had been broken or not.

After the trial, Sam Rice, to please the doctor, told him that Charles E. Stuart, N. A. Balch and Dr. Stone had said that he gave the most learned testimony of any physician who had been upon the stand. He replied, "Thank God, Sam-u-el, that there are three men in Kalamazoo who can appreciate talent."

In the fall of 1848, Judge Abner Pratt and D. D. Hughes were in Cassopolis getting testimony in the "Kentucky slave case." One day while Judge Pratt was taking a rest in George B. Turner's law office, Turner espied Dr. Lamborn in the streets of the village, and invited him into his office. The old doctor disliked Judge Pratt, but had never met him. The judge had lately perpetrated some severe jokes on Hughes, and the latter with Turner now saw a chance to get even with him. As the Doctor came in Pratt was lying on a lounge in the back part of the office. After a slight conversation on other matters, Turner said, "Dr. Lamborn, I would like to get your opinion of Alpheus Felch." It was given. "Of Judge Ransom," which he gave. "Now," says Turner, "Doctor, what is your opinion of Abner Pratt, of Marshall?" Dr. Lamborn,—"Well, I will tell thee" (raising his voice and accenting it as only the doctor could), "when Abner Pratt was born they were destitute of souls and they gave him a gizzard!" At this point Turner and Hughes became convulsed with laughter, while the doctor looked in a bewildered way first at them and then at the stranger on the lounge, who was getting very red in the face and seemed to ask what all this uproar was about. Finally, Turner, getting control of himself, turned to the doctor and said, "Dr. Lamborn, allow me to introduce you to Abner Pratt." It was now the doctor's turn to look embarrassed, but he proved equal to the emergency; extending his hand to the judge, he remarked, "Abner Pratt, what I said of thee I only meant politically." It is said that the judge used unparliamentary language for a moment, but finally his features relaxed, and he acknowledged the jokes even. During the remainder of their stay in Cassopolis Hughes was master of the situation.

The doctor always rode an Arabian horse, and wandered throughout the southwestern counties of Michigan as long as he could ride. He was very simple in his habits, ate but little, and that of the plainest food. A thousand pages might be written of him. "Even to the last years of his life," says E. M. Clapp, "he was the same interesting man, and no one could hear him converse five minutes without being convinced that he was a remarkable man."

"Scott or Dickens would have delighted to have encountered such a man, of whose characteristics they would have woven a romance more interesting than 'Ivanhoe' or 'Little Dorrit.' He was of medium stature, stoop-shouldered in his latter days, had light complexion and light hair. He always wore the brown Quaker garb. He was everywhere a welcome guest because of his quaintness, simplicity, intelligence and honesty. He died in the Cass county poorhouse in the summer of 1873."[31] (A. D. P. Van Buren.)

"In the year 1835, there was a lone hut in the woods some two miles west of Battle Creek," writes A. D. P. Van Buren. "Little was known of its occupant; few knew who he was or where he came from. Some of the settlers said that a rather tall, gaunt man whose wife was a slender little woman, and a boy of some half dozen years lived in this hut. Judge T. W. Hall chanced one day to meet this stranger in the suburbs of the settlement, and in the short talk he had with him, he was surprised at the learning and ability he displayed in his conversation. The Judge afterwards informed his friends that the occupant of the hut in the woods was a remarkably well-informed man. Others became acquainted with him, and the longer they conversed the greater was their surprise at the extent and variety of his attainments . . .

"The occupant of the hut soon became acquainted with many of the villagers, and in a short time moved into town, where he eventually became one of the leading citizens, having won the esteem of all. This man was Dr. John L. Balcomb. Not one of the old citizens of Battle Creek but yet carries a distinct recollection of this interesting man. Those fine dark eyes, the intellectual face, the tall, lank figure, slightly bent forward, as if top-heavy, or weak in the chest; the long stride as he walked the street with a pipe in his mouth; the old camlet cloak loosely worn on his shoulders; the black hat tilted back on his head; the entire dress, which was usually black, evincing nothing of studied care in its adjustment; and the accustomed 'good morning,' as he walked hurriedly by one, evincing the innate gentleman; all these are clearly photographed on the memory of the old citizens of Battle Creek. Not a school-boy or girl that knew him then, but will carry a well-defined photograph of this old friend of theirs through life.

"At first, Dr. Balcomb was censured for what was called haughtiness. But the more one knew of the man, the less one found of that trait he was seeking, but in its place an independence, based on an intellectual worth that the world admires. In his early life in Battle Creek he was very poor. But when he came into the village and found employment, and the support of the people in bestowing office on him, he secured a good home, and had the comforts of life about him. Whether in poverty or riches, the man was just the same. He could say with Burns,

'The honest man though e'er sae poor,
Is king o' men for a' that.'

And as regards wealth and position, he would say—

'The rank is but the guinea stamp,
The man's the gowd for a' that.'

"Dr. Balcomb was really rich in his honest poverty; or as he once said to the Hinmans, his old friends. 'The poorer I grow, the prouder I grow, and I thank God for it.' He was a very nervous man, and in the habit of taking opium for its quieting effect on his system. This gave rise to expressions, at times, that he was a 'fidgety opium eater.' But they understood little of the man who thought him merely 'a nervous, whimsical person, living on opium.' He was somewhat of a De Quincy in the use of the drug, and also in his rare intellectual endowments. He was usually uneasy under restraint, and was accustomed to move or weave his body back and forwards when talking, and the more earnestly he talked, the faster he 'wove.' Dr. Balcomb was continually performing good deeds while he was unconscious of it; for no one ever spent five minutes in talking with him who was not benefited by some treasure or useful thought gathered from his varied conversation. He was not only a man of much learning, but of wide culture. His mind, like some fine library, held stores of rich and valuable knowledge. He was a keen observer and a rare listener. From those sources so abundant in treasures—travel and the society of friends—he had gained valuable information. His social qualities enabled him to gather rich stores of thought from conversation. He dealt in the humanities and civilities of life. Here is where the large hearted man appeared. Business, be it ever so exacting, did not absorb those higher and more ennobling qualities of the man; for he always came back to *himself* after it was over. He left business when it was attended to, in the office, store, or wherever it belonged, and went out freed from it, having laid it aside as he would a cloak while he sought relaxation in a book or in social converse with his friends. He showed keen discrimination that is of great value to all practical business men. 'Business itself can be better conducted by the man who resolutely lays it aside at regular intervals, and throws his energies into other channels.' 'The mind becomes over-strained by a long confinement to one strain of thought, and works less vigorously even on its own chosen topic.' Dr. Balcomb, if he did not always follow the rule laid down by one of our eminent men—'Friends first, business next'—could easily at all times, pass from one to the other, and do justice to both.

"His old friends who survive will yet remember him in his office when he was serving as justice of the peace. There sits the learned magistrate by his table; if a trial is in progress a legal volume or two is lying near his elbow; pen, ink, and paper are before him; the parties to the suit and the lawyers are grouped about him; the jury, if one is needed, take their seats fronting the justice; the eager and expectant crowd fill up the rest of the space in the room. The case is called. The trial begins. Think of this sensitive man of nerves trying cases that bristled with perplexities, worrying over their tediousness! He gives his ruling and decides the points referred to him; he jots down with his pen an item now and then, till, growing weary of the examination, he rises to his feet, lights his pipe and places it in his mouth, and commences to weave back and forward, giving now and then a puff of smoke from his mouth, then stooping over he scratches down a sentence or two, and rising, commences to weave and puff again. Thus he continues until he is rested, when he takes his seat. In this manner he worried his way through the trial. Probably he suffered more in his feelings, in trying a case, than any plaintiff or defendant ever did from the infliction of the penalty that he imposed upon them.

"Though a good listener, as we have said, this depended on who was talking. He could not be bored. He once told the writer that, if he did not know the minister who was to preach on the Sabbath, he always took his seat by the door. 'Then,' said he 'a few sentences in the beginning of the sermon or lecture, tell me whether I stay or go.' If he did not like the preaching, he took his hat and left, disturbing no one. 'I cannot,' he continued, 'sit and listen to dull, vapid sermons—*they drive me out of the church.*'

"I shall never forget his restlessness and final bolting from a fusillade of words in a discussion he once had with an old friend in May and Giddings' office in Noble's block. The topic of conversation had finally drifted to Universalism, and here the two got into a warm discussion on the merits of that religion. Dr. Balcomb had discussed awhile sitting, then he rose to his feet, swayed to and fro, puffed his pipe, and discussed that way. His friend had answered him. The arguments, pro and con, were given, till finally the doctor took the floor and closed on his side with this eloquent peroration, 'I tell you, my friend, I know Universalism through and through; I know its great champion, Adolphus Skinner, personally well; I have listened to his most able and eloquent arguments in its exposition and defense; and after hearing all in its favor, and seeing the system fairly tested, I have come to the conclusion that it lacks deep, vital piety. There is no stir or spirit of progress in it; it don't reform; it don't convict; it don't convert anybody. Your whole system is becalmed; it is

'As idle as a painted ship on a painted ocean.'

Give me a little fanaticism in religion rather thaan your piety-lacking, becalmed Universalism.' And he took his seat. His friend, now all aroused, began again, and undertook to refute the doctor's argument. The latter listened a moment, and began to get impatient and nervous; he could see no argument, he could not stand *pettifogging*; he sprang to his feet, and with extended arm and swaying body, he exclaimed, 'I'll believe you, my friend, I'll believe every word you say—*if you will only quit.*' He took his hat and, saying 'good day,' left the room.

"Phrenologically speaking, Dr. Balcomb's bump of order was law. It is said that he used to keep his justice papers in a barrel in his office, and when he wanted one he would turn the contents of the barrel on the floor, and having found the paper he sought, he would put the rest back again. He was a fine conversationalist, and talked interestingly on any subject. It was always a mooted question among his friends in regard to what department of knowledge he showed the most strength. He was thoroughly read as a physician; his varied attainments would have aided him in any of the learned professions; he was a fine *belles-lettres* scholar, and would have made a first-class professor in a college. Some thought he belonged to the pulpit. He was, in fact, a preacher. He belonged to the peripatetic school of ministers, for he was always walking backward and forward when he talked, and it would always pay to note down what he said when one met him at his home, in the street, store, or office, for one would get a little dissertation, or a short piquant sermon, or a delightful sketch of character, some pithy sentence, or a rare thought—all treasures and all worthy of preservation. Many of the good things gathered from his conversation are yet reported by his old friends.

"'If I could only get Choate to repeat this story,' said an old friend of that brilliant orator, 'it would live forever.' Dr. Balcomb's fine sayings will never be forgotten; the common phrase came mended from his tongue. 'He could talk,' said the Rev. Dwight Pitkin, 'like an angel.' He possessed appreciation and admiration in the highest degree. The chief pleasure and value of conversation consists in having the good things said fully appreciated. The beauties of speech and gems of thought met with a recognized value from our worthy friend Balcomb, and his stamp of their genuine merit gave to them a higher value.

"'He had,' says Hon. E. Hussey, 'the most intuitive knowledge, and the greatest variety of it, of any person I ever saw. Rare man that he was, no one could appreciate him who did not know every phase of his character. He and his family boarded a year with us, and we learned to know them well. In the order of creation, time produces rare specimens of humanity under various forms—a great genius, statesman, orator, sculptor, or poet. Dr. Balcomb was a peculiar specimen—an enthusiast. He gave his views of opinions without stint, and always with force and perspicuity. Ideality and marvelousness were largely developed. He loved nature, he loved art, and everything he touched he embellished.

"He married Miss Calista Coffin, a beautiful and accomplished woman, the entire counterpart of himself. She had an even and philosophical temperament. Enthusiasm in him gave place to placidness in her. She served as an anchor to his imagination, and held him nearer to the earth than he otherwise would have been. He reasoned from analogy, she from cause to effect. They were devotedly attached to each other. She was a woman of excellent business capacity, and fine education. She was noted for her love of order and her evenness of disposition. Her memory was remarkable;

and when a question came up involving proof of facts from past history, she could always refer to the authority to establish the fact in question.

"The doctor sold the first home by Betterley's and located at the foot of the hills, north of Harmonia, building a little cabin, where he lived till about 1840, when he came to Battle Creek. His house at the foot of the hills was known as the 'hermit's cabin.'

"Those only who knew him well could fully estimate his colloquial powers. He was an earnest arguer and adhered to his strong points as if life depended upon it. He was not given to speaking in public assemblies, but was a *social* orator, and although he could not hold an audience in a set speech, he could charm the social circle with his fine thoughts and quaint eloquence. Though not calculated for a leader, yet his society was courted, and he was admired for the versatility of his attainments, and his spicy and original remarks, for his sharpness in repartee, and for his inimitable manner in relating anecdotes. He had a sympathetic and philanthropic nature. His kindness to animals was remarkable. While he was justice of the peace he usually had some pet in the back room of his office—a lame dog, or a maimed kitten that he fed and 'doctored.' He would bring cups of milk that he would leave in the room where he kept his pets. At one time, in his little 'hospital' he had five or six pups and as many kittens, having forgotten to return the former in his attachment to the latter. This philanthropic management continued until the lame and unfortunate kittens had become so numerous on his hands, that he came to a friend one day very much dejected, and complained grievously that he did not know what to do with his *cats.* Finally, one day, in the midst of his perplexity and grief, he hurried to his 'hospital,' and drove all the cats with their families of kittens, *out of doors.* It was an amusing, though to him a sad affair, to see the kind-hearted man drive his little pets into the street. A few days after this, some of his friends found him sitting sad and melancholy in his office. His 'mews' had forsaken him; the whole 'nine' and their progeny had deserted his abode. The poor philanthropist's occupation was gone. I herewith give a few anecdotes illustrative of his eccentric character.

"In talking with Hon. B. F. Graves, on the probable effect of the cholera upon Battle Creek, should it reach that place, he insisted that it would act as a scavenger and carry off the vile rubbish of the community, and referred to a brace of vagabonds that lived at Verona, called Comstock and Peer, closing his argument with, 'It will be as I tell you, if the cholera comes we shall get rid of these vagabonds!' The next morning, very early, Judge Graves heard someone coming up stairs to his office, and soon the doctor walked in, very much excited with the inevitable pipe in his mouth, and one hand under his coat tail; he strode into the middle of the floor, and there stopping abruptly, he ejaculated, 'It's of no use—it's of no use, now!' The judge, surprised, asked what was the matter. He replied, 'Old Comstock—' The judge hurriedly asked, 'Is he dead?' 'Lord, no!' exclaimed Balcomb, 'it's of no use, I tell you!' 'Why not?' queried the judge. 'Because the old "scapegoat" won't die with the cholera now, for I have just entered a judgment against him in favor of Ed. Packer, and his life is insured; I tell you it's of no use, the community has got to endure the eternal pestilence of that old vagabond till that judgment is collected, for *Ed Packer never loses a judgment!*'

"At another time, in trying to convince Hon. E. Hussey of the fallacy of Universalism, or any reform in depending on kindness alone, he said, 'Erastus, human nature is so constituted in some, that kindness and forbearance can't reach them; you must take them up and shake them over the bottomless pit before they can be converted, I tell you.'

"In talking of people's peculiarities, he insisted that at times they were so annoying that they were unbearable; and to give his argument emphasis he added, referring to his wife and her amiability, 'Now the eternal evenness of that little woman over there *has worn me to skin and bones.*'

"To an able and most successful lawyer who practiced with him, when he was justice of the peace, he said: 'I like you, you know I do: you are smart and I admire your speaking; I can't help but like you, but may God forgive me for it; for, in managing your suits, you are the meanest and most abusive lawyer in Michigan.'

"A white man and a negro claimed the same pig. They came before Justice Balcomb. He heard their statements and commenced an *amiable* replevin suit; tried the case without lawyer or jury, found the pig belonged to one of the parties at the value of *twenty shillings*, and entered judgment accordingly by giving the pig to the party. He then took *twenty shillings* from his pocket, gave it to the other party, receipted the cost, and sent the men home."

"Dr. Balcomb was born in Attleboro, Massachusetts, and in early life removed to New York. In 1835 he came to Battle Creek, in company with John Conway, cousin of his wife. Besides serving as justice of the peace for many years at Battle Creek, he was elected [1851] to the Lower House of our State Legislature. He was postmaster for a number of years at Battle Creek. He was an earnest politician and was one of the seven who formed the first Whig convention in Battle Creek. He afterward became a 'free soiler,' then a Republican. He and his family removed to Minnesota some thirty years ago [1852] and he became one of the original proprietors of Winona, owning one-quarter of the place. I believe he disposed of most of his interest in that flourishing city at an early date. He died some three years since. His widow resides in Winona most of the time."[31] (A. D. P. Van Buren.)

Dr. Oliver Cromwell Comstock, Jr., died at the home of his niece in Brookline, Massachusetts, at the advanced age of 88 years. He was born in Fairfield, Saratoga County, New York, November 19, 1806, of distinguished parents. His father was also a physician, minister of the Gospel, and eminent in political life. (*See* biography "Extra-professional Activities.") After studying medicine at the Fairfield Medical College and graduating in Philadelphia, he practiced at the latter place for a time, then succeeded his father at Trumansburg, New York, in 1825. He married Hannah Halsey of Halseyville, New York, and of this marriage four children were born.

Dr. Comstock's health failed in 1836 and he determined to go to Michigan. At Marshall he arrived after a journey accomplished entirely on horseback. He bought a drug business there conducted by Dr. Montgomery and Dr. Greves and soon replaced the wooden store by a business block, the first built of brick in Marshall. He also engaged in milling and in general merchandise business, and in partnership with another "manufactured the first threshing machines that were made in this section of the country."

He also for a time published the *Temperance Advocate,* and during all his life "was a leader in all enterprises of a moral and religious character"; he was for years a vestryman of Trinity Episcopal Church.

He was appointed by Governor Barry as "Acting Commissioner of Internal Improvements for the State of Michigan," and in that capacity had main charge of the Michigan Central and Michigan Southern Railroads. It was under his supervision that the Jackson-Kalamazoo link of the former was constructed.

He was one of the founders and the second president of the Michigan Pioneer and Historical Society and modestly admits a "humble part" in the organization; he was a member of the Committee of Historians thereof for twelve consecutive years.

In 1847 he was arrested and fined for complicity in the "Crisswhite affair" under the provisions of the fugitive slave law, but like others so punished "ever since considered the offense a badge of honor."

He was a man of splendid physique, standing over six feet high, "perfectly proportioned and carrying himself as straight as an arrow." He had a "finely shaped head, a clear bright eye, strong prominent features," was genial, hospitable and had a clear, logical mind.

At the annual meeting of the Michigan Pioneer and Historical Society in 1888 he contributed a valuable paper on "The Medical Profession of Michigan."[31]

Dr. Comstock has been apostrophized more or less rhythmically by Judge Albert Miller, the first president of the Michigan Pioneer and Historical Society:

"Doctor Comstock is the second
Among the best he must be reckoned
A 'historian' from the beginning
The Love of his associates winning
By his counsel and his acts
In gathering items and writing facts
At a very early date
He was an officer of the State
A faithful worker he has been
As by the 'Collections' may be seen
Valuable articles he bestowed
Which from his able pen have flowed
He has not been with us much of late
He now sojourns in another State
But wherever he resides
His love for Michigan abides
His associates here now send him greetings
Hoping to see him at future meetings."[31]

The foregoing is here preserved in deference to the amiable intention of its jurist author but it appears to the writer no less than tragic that Dr. Comstock through failure to attend the meeting was subjected to the ode.

> To whom it may concern
>
> Be it known that Dr. Upjohn received his degree in our University yesterday. If affords me great pleasure to bear testimony to the great diligence with which he has pursued his studies, and to the uncommon proficiency which he evinced in his examination before the professors. My best wishes attend him in his career in life, and it is my opinion that wherever he may locate, he will be a valuable addition to his professional brethren and the community.
>
> Valentine Mott, M.D.
>
> New York, April 2, 1834.

The above testimonial to Dr. Uriah Upjohn appears in the "History of Kalamazoo County."

Through the courtesy of Dr. J. T. Upjohn of Kalamazoo, son of Dr. Uriah Upjohn, and from other sources (Michigan Pioneer and Historical Collections, History of the University of Michigan by Dr. Hinsdale, History of Allegan and Barry Counties, and the Clerk of Barry County), a record of the lives of two outstandingly important medical pioneers of Michigan has been obtained and summarized, inadequately, by the Medical History Committee. "It is impossible to write a sketch" of one without touching upon the life of the other, declares an informant, because their lives were so closely associated. "Together in 1835 they came to Michigan where they found vast fields of usefulness. They had no thought of remaining permanently in the then Territory of Michigan but Uriah met pretty Maria Mills and after that he could not leave."

William Upjohn was born in Shaftsbury, England, March 4, 1807; Uriah in Glamorgan, South Wales, September 7, 1808. The father had great ability and was widely known. He was the author of several religious works. He married Mary Standard of Tisbury and reared a family of twelve children, each of whom received a liberal education. "We find in Uriah's early life evident traces of a boy who was spelling and reading his way to a fully-developed man." He received a full academic course in the Heytesbury and Castle Carry Schools and during the period of schooling assisted his father in making a railroad survey from London to Exeter, "the first survey of the kind in England."

In 1828 William and Uriah embarked for the United States, arrived in June at New York, spent the summer "traveling and prospecting through some of the Eastern and Southern States." The following winter, Uriah "played the 'English Schoolmaster Abroad' for the people of East Hamburg, Erie County, New York." In 1830 he went to England and soon after with his parents returned to New York. The family settled at Greenbush, near Albany, and Uriah began the study of medicine with an accomplished physician, Dr. Hale.

In 1834 he was graduated from the College of Physicians and Surgeons, New York. He had hospital experience at the New York Hospital and attended "two full courses in surgery and anatomy under Prof. Alden March of Albany."

"In June, 1835, he and his brother William started out to seek their fortunes in the far West, crossing Lake Erie by steamer. From Detroit, on horseback they took up their line of march westward through the wooded territory and reaching Kalamazoo County, pitched their tent on the northwest quarter of Section 31 in that part of the township of Richland since called Ross."

To go on with the story, he came to Michigan when the "tide of immigration was just flowing in from the East and the settlers were beginning to clear and occupy their new lands. . . . The ancient home of the demon, malaria, had been disturbed and he sent out upon them and their wives and children his pestilential breath."

"The settlers too were generally poor, having little money left over from the payments on their lands and none to employ help indoors or out, even if help could have been obtained for money, which was not the case. Because of this distressing condition Dr. Uriah Upjohn and his brother William sent to the State legislature a numerously signed memorial that resulted in the passage of the Michigan homestead law."

"On their land in Richland they erected a log cabin in which they maintained their abode while carrying forward the development of their land . . . and also serving the pioneer community effectively as physicians and surgeons, their labors in the latter capacity having been arduous as their ministrations involved long trips through the wilds to the homes of the widely separated settlers, through winter's cold and summer's heat, over primitive and unruly roads and trails and under all manner of climatic disturbances." The ride was through the "pioneers' new-made track or by the Indian trail or blazed trees, or through the trackless woods 'by routes obscure and lonely.' " Dr. Upjohn rendered "his services as cheerfully to the poor who could not pay as to those who could." At one time while attending the sick in a north settlement, Dr. Upjohn (Uriah) was about to leave when informed that around the lake there was a log cabin whose inmates were all sick. "After a round-about ride he came to the cabin, knocked at the door again and again and at last heard a faint 'come in.' Entering he found the entire family of seven or eight persons prostrate with fever and the first word uttered was a request for water. Filling a large pitcher with water from the lake nearby he gave to each one a drink. Finding that some of them were very sick he dealt out medicine as the case required, built a fire, chopped wood, brought it in and made them as comfortable as he could, gave them words of cheer and bade them good-night, promising to come again. He then rode three or four miles out of his way to find a neighbor who would stay with them for one night."

"I had been gone from home two or three days," he related, "visiting the sick at almost every house and staying at night wherever I happened to be. Tired and exhausted I was making my way home, walking and leading my horse, when within one mile of home I heard some one riding rapidly behind me and my first impulse was to dodge behind the bushes and let him pass. 'Hello there,' said someone and on coming up he hurriedly asked, 'Is this Doctor Upjohn?' 'Yes.' 'Well, you're wanted.' 'Where?' 'Six miles beyond Yankee Springs.' 'Who is sick?' 'A woman.' The distance being twenty-six miles, I hesitated. I asked if she was very sick. 'Yes, very,' said the man, 'and very poor; you may never get your pay.' I wrote a note to my wife for some medicine to be sent back by the man and I made my way back, arriving there at three o'clock next morning. I found my patient in a crude log house and very sick indeed, and in a log barn nothing but straw for my horse."

Dr. Uriah Upjohn was the father of twelve children, four of whom were graduated in the medical department of the University of Michigan. Of these Dr. William E. and Dr. James T. Upjohn are living.

Dr. Uriah Upjohn joined the Republican party on its formation. (*See* "Extra-professional Activities"—Anti-Slavery.) At the time of the Civil War he very much desired to enter the service but was met by the insistent refusal of his people.

Dr. William Upjohn gave distinguished service during the war. "He was one of the best and grandest citizens Barry County ever had. He was loved and honored by all, not only for his medical skill but for his work in public and among the poor."

"Dr. David Dake, Hastings' first physician, had come and gone but in 1841 Dr. William Upjohn succeeded him."[31]

"Mrs. Willard Hayes . . . together with Mrs. Philander Turner, Henry A. Goodyear, A. W. Bailey, Dr. William Upjohn, Mrs. Vespasian Young, were the last survivors among those who became residents before the close of the year, 1841."[31]

"Dr. William Upjohn was born in Shaftsbury, Dorsetshire, England, in March, 1807. He received his schooling at the Bluecoat School, Shaftsbury. He came to Michigan with his brother, Uriah, in 1835, and settled in Richland, Kalamazoo County. After trying farming he joined his brother in the practice of medicine and in 1848 came to Hastings. In 1842 he married Miss Affa Connet. She died, and in 1847 he married her sister, Lydia Amelia. In 1852 he was elected register of deeds and, the same year, member of the first board of regents of the University of Michigan. In 1862 he accepted the position of surgeon of the Seventh Michigan Cavalry and was promoted to be surgeon-in-chief of the First Brigade of the First Division Cavalry of the Army of the Potomac. After the war was over he returned to his practice. In 1872 the University conferred upon him the honorary degree of Doctor of Medicine. He died at Hastings, August 2, 1887."[31] (From History of Allegan and Barry Counties, Michigan, and History of the University of Michigan by Dr. Hinsdale, 1906.)

Dr. John B. Chamberlain came to Detroit in 1827. He was evidently somewhat waggish and altogether unafraid. He published a reflection on Governor Cass' administration and would not retract because he "seldom expressed an opinion, but when he did there was grandeur in it."

There were "eating, drinking and speaking" at a celebration in Pontiac over Mack and Conant's Mill, and as to the second, not only there but on the way home. The party met a Frenchman near Royal Oak who refused to imbibe with them, whereupon he was tried, found guilty, and sentenced to be hanged. A rope was tied around his neck and fastened to the shafts of the car, the cart tipped and the Frenchman suspended "long enough that he appeared dead when let down." Dr. Chamberlain declared him dead, much to the alarm of the accompanying *bons vivants.* When he emerged from coma the doctor declared he had accomplished resuscitation and saved them from criminal prosecution.[2]

Dr. Webb (in 1832 or thereabouts) prognosticated that a character desperately sick couldn't live long. "I don't think you will live more than two hours." "D—d short notice," said Uncle Johnny, "make me a brandy punch strong." He survived and lived many years afterwards.[31] ("Reminiscences of Kalamazoo.")

Dr. B. R. Corbus of Grand Rapids has made an important contribution to the medical history of Michigan through publishing in 1927 in the *Journal of the Michigan State Medical Society* the letters of Dr. D. L. Porter, a pioneer physician of Pontiac. As in the conversation proposed by the Walrus to the Carpenter, they "talk of many things."

Doctor Porter's letter of October 23, 1828, written from Detroit, describes with much enthusiasm the scenery on the canal trip through northern New York. Four miles from Cohoes Falls he finds one of the most romantic views "on the whole western tour if you except that on Lake Onondaga." Utica is an "elegant place and does a great deal of business. Their Broadway is occupied by gentlemen's seats and churches," the "Episcopal the smallest but finest externally," a Presbyterian "with front and sides of imitation marble," and a "Catholic Chapel in imitation of the Cathedral at New York." Nearly all day before arrival at Rome they "sailed through a swampy forest with here and there a clearing for a lock house or a log hut."† An abundance of game was seen. He was much impressed by the salt works. Water is received through log conduits from Salina and "evaporated in immense vats at Syracuse." Liverpool, Salina and Syracuse are "all beautiful villages." He called on physicians at Weedsport but found nothing to tempt him to remain. "This part of the country is crowded with doctors and the whole business of Weedsport and vicinity may be worth twelve or $15.00." By the steamboat Henry Clay from Buffalo to Detroit bearing letters, among others to General Cass. The journey was vicissitudinous, there was a "perfect hurricane" off Erie and "they could not land passengers."

"At sundown the engineer and pilot informed the captain that in spite of the engine we were driving ashore. The anchors were cast and between them and the engine we remained stationary until morning. Of all the ludicrous scenes and disgusting as ludicrous you never saw the match to that aboard the boat on that night. Of 200 passengers myself and two others alone escaped sickness. . . . It was as much as we could do to keep ourselves in our berths and those on the floor rolled from one side to the other, straining and groaning and vomiting and sopping it up with their clothes, men, women, and children promiscuously."

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†"Rome Haul," by Walter D. Edmonds, gives interesting pictures of similar journeyings.

Were his sentiments colored by these disagreeable experiences? He finds Detroit (November 1, 1828) in an "outlandish region," houses "indifferent, most of them miserable; streets wide and muddy, . . . one public house (all the rest broke down). Abundance of all kinds of food but not one article that is cooked so as to be half eatable. Fare $1.00 a day or $5.00 a week by the month." Among prices for drugs he records $8.00 for opium and $7.00 for quinine.

His territorial license costs $5.00 and he must report "to the Oakland County Medical Society and have to pay $2.00 to them."

There is an interesting fact in this connection. In Dr. Connor's presidential address of 1902 (q. v.) to the State Medical Society mention was made of the first "Michigan Medical Society" organized in 1819. The Society represented the Government of the Territory and its functions were legislative, executive, and judicial. It prescribed the conditions for beginning the study of medicine, determined the fitness of those seeking a license to practice and possessed adequate police power to carry its requirements into effect. This is the body evidently to which Dr. Porter paid his fee of $5.00. The $2.00 to the Oakland County Society is more difficult to understand. Dr. Connor writes that "June 12th, 1831, permission was granted Drs. William Thompson, David *L. Porter,* E. L. Parke, and Thaddeus Thompson to *form* an Oakland County Medical Society." This was nearly three years after Dr. Porter's license was issued in Detroit and he himself appears in the above as probably one of the *grantees* for the medical organization. (Italics are the reviewer's.)

He is advised to go to Pontiac and reaches there by stage after an all-day's difficult journey through country at a "dead water level," over corduroy roads. In Pontiac there were five lawyers, a Presbyterian clergyman who preached in the Court House, an excellent flour and saw mill, about fifty houses, "one physician about 40 or 50 years old . . . of good talents, of bad morals and beastly habits . . . very intemperate, is rough and uncouth in his manners, as ugly and obstinate as a bull and a professed atheist . . . looked upon as very good for his professional acquirements, feared by all, and hated by most of his present employers . . . has been sick most of the summer with delirium tremens and the rheumatism and at present is paralytic in one foot."

"The people are rough as Tartars, the majority intemperate, all or nearly all drink some. They have been and the mass of the people here now are, the most wicked set that ever lived in the U. S. A."

He finds the West an indefinable thing and discovers that he knew nothing of the situation of this country, but he leaves the reader in no doubt of his impressions of people. More than a year later he had failed to see the "young lady in the territory whom I would take for better, for worse, for her weight in gold." Indeed by that time, "business is improving" and a large *dot* would perhaps be less important. In February, 1830, he charged up $45.00, "ten of which is good for nothing." At that time he entered into partnership with Mr. Beach in the drug business, one stipulation far from crystal clear being "the drugs and medicines used by D. L. Porter shall be allowed 4½ per cent on all sales of patent medicines, secret remedies, specifics and compounds manufactured and sold by him for said Beach as a compensation for his time and labor."

He writes May 2, 1830, that his charges since the twenty-third of April have been $31.54, that he has two patients to visit out of town besides those that come to the office. He mentions the "great fears" entertained throughout the territory that it will be "the most sickly season that we have had for some years," but drops the prudent hint that this conjecture be concealed from all except "our own family as it might deter emigrants." As for himself he hopes to be continued in good health and spirits until the end of the sickly season, the first of October, "then I care but little what comes."

Scandal was not unknown in the community, strange as this may appear to those of later generations who had envisaged the pioneers as concerned so largely with the material and incidentally the spiritual as to be indifferent to fleshly contacts. But Pontiac was manifestly an exception. Writing of religious revivals he says, "Perhaps my residence in Pontiac has had an influence over me and has induced me to attach less importance to the subject than it really deserves. Be that as it may we are but little troubled in that way here; and the people appear to consider that a religious excitement is injurious to the happiness of community."

By the present writer, whose residence was for eleven years in Pontiac, it is believed that this tradition of non-emotionality has carried on, but in the words of Dr. Porter, "be this as it may," a "revival" there in the thirties might have helped some. The individual above mentioned, who seems to have been a distant relative, "married his .... with whom he has lived for five years in defiance of public opinion" and was "going to ruin as fast as he can. His character and credit are now both lost" and he "is not allowed to hold intercourse with any but his wife's relatives," which must be regarded discriminatory and perhaps unjust as "she has to his knowledge had intercourse with other men." All through, indeed, there is the aspect of *commerce* of one kind and another and the doctor fears that "Uncle will lose his debt if he does not attend to it soon."

Forest fires were in the thirties regarded a benefaction. Dr. Kedzie has revealed in pioneer recollections how he hated a tree. "The hunters set fire to the dry grass and leaves, and old logs," writes Dr. Porter. "The fire . . . occasions the openings which are the greatest ornaments to our country and have excited the surprise and admiration of all strangers. The hunter's object is to encourage a rank growth of grass to improve the hunting of deer, etc. These fires excel in beauty anything that I ever saw during the night. The light is very vivid and appears to dance about amongst the trees and assumes the most fantastic forms. . . . The spectator . . . would almost believe himself in fairyland."

"During their [the Indians'] sojourn the merchants purchase immense quantities of the most valuable furs and skins and pay for them in goods and whisky at an enormous price." To the reviewer it is a revelation that those, the original "tourists," were wont to "sojŏurn," but they were mercifully spared "hot dogs" and picture postcards.

There are evidences all through the Porter correspondence of, so-to-speak, "too much" Thompson. Reference has already been made to his "*beastly* manners." He was evidently to Porter a *bête noir.* "Thompson and me closed accounts yesterday; he said that it was always good policy to work off the bile at the end of the year. He raved like a mad man and I laughed at him. I found afterwards that it was his determination to quarrel with me and then make peace and form a partnership. I will see him, as he wished me, d'n'd first . . . I shall eventually root him out, root and branch if he does not go to his majesty on a whisky barrel first."

"Augustus Porter has done me a good turn also without my asking it. . . . It is more than I expected of him as he is a cold phlegmatic fellow." This opinion of one of the legal fraternity living in Detroit is one of the most surprising items in the correspondence. It must be a misapprehension. "Warm and mercurial" would as a rule better describe one of that profession.

In May, 1830, it is written, "The thermometer has stood for the last three days in the afternoon at 60 to 71. This morning it is cold and freezes, the first time for three weeks. The change has been very sudden and I think will occasion me some business as the people for some time back have grumbled about their backs and sides."

But he makes light of his own illness. "I have it [the ague] with a vengeance, every other day at precisely 12 o'clock. It is not like our ague. It makes me shake like vengeance but does not last over two or three hours when I am able to resume my books or ride or whatever else I feel disposed for the moment to do." He objects to certain lines of treatment. "'Black Bill' as he is called, alias Doctor T., continues savage because I would not be salivated or die, nor salivate or kill any of my patients, which, thank God, we have not found necessary in a single case as yet, whereas he has salivated all of his and out of seven cases of fever has lost three."

Small wonder that "Thompson having quarreled with all the neighboring physicians, they have one and all pledged themselves not to call him in council [*sic*] and have proposed to me to act as consulting physician." Small wonder also that with such prospects as these, "I am confident that in five years I shall be independent here if my health holds out."

As to cholera, he writes in 1833, "In Detroit all diseases assume the characteristic symptoms of the epidemic after the inflammatory symptoms have subsided. The proportion of deaths is very small and at present it is impossible to ascertain the exact number as the papers publish no reports on account of the continued fears of the inhabitants of the interior. We have not had a case yet in our county but scarce a person who is much exposed to the night air escapes a severe attack of cholera morbus or diarrhea."

"Politics is almost the only subject that engages public attention," he writes in 1831. "The Anti-Masonic candidate contrary to my expectations got 39 majority." Of Mason he says, "He is now acting governor, but the executive business is almost altogether suspended as the public officers will not do any more business with him than they are absolutely obliged to. I have seen him and he appears to be a very intelligent likely *boy* [age 18] . . . Whoever receives the appointment must expect to be severely criticized as the tide of popular opinion is set against Jackson's administration."

Mark Sullivan, in "Our Times," has written of changing fashions in dogs. At that time the vogue was "a mixture of the grey hound and the wolf; they are faithful, speedy and strong . . . naturally very fierce. . . . Nothing can entice them from their duty whether in the chase or on the watch. The breed is nearly destroyed by scoundrels killing them . . . selling their scalps, calling them wolves and drawing a nominal bounty."

"The old chief made me a present of an elegant pair of moccasins for pulling out some teeth for his tribe."

"I had to follow an Indian trail through one continued forest, to lay out two nights in the cold, the messengers nor myself being provided with fire works or blankets and no provision but what we got at the Flint."

"Politics and cold water societies are the mania of the day [in 1831]. I do not nor will I unite with either as the object is not a *radical reform* but rather to produce an *effect*. Some of the most infamous characters are the prime movers of the latter and it is united with anti-Masonry."

He was called in consultation with Dr. Jennings in Hoxies settlement, thirty-five miles distant in Macomb County. This call cost him four or five dollars "besides my time and labor." The patient had typhus, died twelve hours after he reached there, and "did not leave enough to bury him." Porter's horse fell down with colic on the way home. Suit was threatened by the owner, who "has sponged twenty dollars out of one man and ten out of another for a like accident to the same horse within a year."

Thus the vicissitudes of a pioneer physician's life. All this and much more befell our predecessor Porter in his practice. Is he blameworthy for cynicism and pessimism? Was he temperamentally fitted for the practice of medicine in any community, least of all in one culturally undeveloped?

It is the privilege of the reviewer of this frank correspondence, in the light of the remarkable records of self-sacrifice, achievement, and devotion to the public weal which so many of his contemporaries displayed, to doubt whether "success," in the sense in which the word is correctly applied, would have come to him in any environment. His subsequent career is an insistent and interesting subject for speculation. "Getting on in the world" is a matter involving day-to-day adjustment. It is desirable for the physician, to an extent applying to no other vocation or profession, to cultivate out the *nil admirari* spirit as related to human beings as a noxious weed and to foster and encourage the growth of a saving sense of humor.

The foregoing was written previous to the receipt of the following letter:

> Grand Rapids,
> May 22, 1928.
>
> Dr. C. B. Burr,
> Flint, Michigan.
> My dear Dr. Burr:
>
> You probably have seen the inclosed—telling of the ending of the Dr. Porter chapter—in the Pontiac Press, but for fear it may have missed you, I inclose the clipping.
>
> Sincerely yours,
> Corbus.

The enclosure is a clipping from the *Pontiac Press* of May 14, 1928, reading as follows:

PIONEER DOCTOR IS BURIED IN OAK HILL CEMETERY

Record of Death Found by Mrs. Lillian D. Avery

HIS LETTERS PRINTED

> Information regarding the death of Dr. David L. Porter, pioneer Pontiac physician, whose letters describing conditions here in 1833 and for a number of years following were recently published in The Daily Press, has been found by Mrs. Lillian D. Avery, 127 West Lawrence Street.
>
> While reading some manuscripts received in 1915 from Mrs. Cornelius Smith, of Birmingham, before her death, Mrs. Avery found a note in a margin which read: "Dr. Porter was to have been married, but committed suicide. He was found dead in his office."
>
> Dr. Porter had roomed at the home of Mrs. Smith's mother, Mrs. Daniel Hunter, and it is thought that the note probably was written in 1835, soon after his death.
>
> "Dr. Porter was buried in the cemetery which at one time occupied the ground at the northwest corner of the intersection of Huron and Saginaw streets, now the site of the First National Bank. His grave is now in Oak Hill Cemetery, the body probably having been removed there when that cemetery was opened in 1839.
>
> On the stone marker is found the following:
>
> "David L. Porter, M.D. Son of Elizabeth and Mary,
> of New York. June 2, 1808 to Jan. 20, 1835."

The disparagement of Thompson which Dr. Porter's letters reveal, likewise the animadversion upon moral values in his pioneer environment, are confirmed from other sources.

If the testimony of a theologian may be accepted as final and indubitable "such was the reputation for deviltry in Pontiac in 1825 that when two colored persons in Detroit got into a serious quarrel one of them said he wished God would damn the other one's soul to hell; whereupon the rejoinder, "I wish He would damn your soul to Pontiac, for dat's a worser place by heaps."

"Dr. Bill Thompson had the reputation of killing one half of his patients and maiming for life the other half." Some wag got up a string of doggerel portraying his mode of practice and its results, one stanza of which is here quoted:

> "Old Black Bill on Pontiac Hill, he owes the people no good will.
> One half he cures and half he kills by poisoning them with calomel."[31]

To preserve the jingle the last word in the couplet should be pronounced "calomil." There was infinite variety among the pioneers in giving the names of pharmaceutical preparations. One ancient female whom I visited when a student objected to Dover's powder which my preceptor was about to dispense on the ground that "I know calamint when I see it."

Per contra, of apparently the self-same Dr. Thompson, Judge Baldwin has written in a laudatory spirit. (*See* "Extra-professional Activities"—Judicial.)

That the citizens of Pontiac were at this period extremely sensitive to the conduct of one in official life accused of drunkenness is obvious from the correspondence with Governor Cass concerning an appointee, Sidney Dole,[31] who was the first county clerk in Oakland County, appointed in July, 1820. He was a "cautious man usually carrying the papers in each case in his hat from the commencement to the termination of the case, and after hearing the evidence seldom rendered a decision till he had consulted the authorities in Detroit."

This loyalty to his superiors was apparently appreciated. Governor Cass, so far as has been discovered in review of the record, never got beyond intimation of possible "palliating circumstances" and lacking knowledge of these threatened, although reluctantly, to proceed to the "duty" (of removal).

The compiler, a sometime resident of Pontiac, would fain suppress these allegations, but a decent regard for the opinion of impartial historians (if there are any such animals) impels to the painful disclosure.

"As has been shown in the earlier pages of this work, some of the wealthy citizens of Detroit started the village of Pontiac in 1819. It was what would be called at the present time a boom town. Between Detroit and Pontiac the greater part of the way was swamp, covered with an almost impenetrable growth of brush. During the rainy season the wagon road was almost impassable, because the corduroys of logs and brush which had been used to make the foundation for a driveway would sink out of sight in the gob holes. Through the influence of the promoters of the railroad a State loan of $100,000 was obtained. The task of making a solid roadbed was most discouraging. Birmingham was not reached until 1839, and Pontiac was reached four years later."[28]

Dr. Edward Lewis died at Jackson, Michigan, December 31, 1866. He was graduated at Castleton, Vermont, in 1824; came to Concord, Jackson County, in 1835; moved to Jackson in 1843.

"No man in the country was better known. His name in this city particularly was a household word. As a physician he ranked among the first in the State. None knew but to respect and love him, and all will weep at his departure from among us."[7] (Quotation from the *Jackson Patriot.*)

The Detroit Academy of Medicine at the meeting, July 24, 1871, adopted resolutions upon the death of Dr. E. M. Clark, "a citizen who was ever foremost in promoting its material interest and property," and a brother whose deportment in his intercourse with his professional brethren was always straightforward, honorable and courteous.[7]

Dr. M. L. Green of Pontiac was appreciated outside, as well as within the borders of his own county. Laudatory resolutions on his death were adopted by the Genesee County Medical Society, February 5, 1870. They are signed by distinguished members of the profession, Drs. Axford, Fairbank, and Bardwell, and record his "scientific and professional attainments," his "enviable distinction as a physician and surgeon."[7]

Dr. Isaac Paddock of Pontiac died September 12, 1868. The resolutions to his memory mention that he "devoted to the practice of his profession the entire energies of a gifted mind and the warm sympathies of a tender heart."[7]

Dr. Brockhauser arrived in Detroit in 1837.[9]

"C. N. Ege was the county physician of Wayne in 1844 and Henry Lemcke in 1845 and 1846. Peter Klein held the position in 1848, 1851, 1854 and 1855. One of their contemporaries in practice was Dr. Brockhauser."[9]

Dr. Egge of Detroit was a skillful physician and enjoyed a large practice.[8]

Dr. Edward Lewis came to Jacksonburg, which before 1831 was called "Jacksonopolis," and after 1838, "Jackson," in 1832 or 1833†

Dr. M. C. T. Plessner was born in Striegau, Prussia, October 20, 1813. He was educated at the Gymnasium and received his medical course at the University of Berlin, in which institution his father held a professorship. He located in Saginaw in 1849 and was at the time of his death, September 24, 1885, the oldest practicing physician in Saginaw County. He was always "noted for his progressive character and activity in every enterprise calculated to enhance the material prosperity of Saginaw. He was president of the German Pioneer Society of the Saginaw Valley in 1881.[31] (Other extra-professional activities in which he engaged are recorded elsewhere in this History.)

"Other Connecticut settlers of prominence [Monroe village] were Dr. Harry Conant from Mansfield, attending physician of Cass in the 1820 expedition, said to be a lineal descendant of the first governor of Massachusetts; he was an early settler in Monroe."[31] He was a graduate of Middlebury College, 1813.

Dr. Harry Conant was born in Mansfield, Connecticut. His father was Eleazer Conant, who served as paymaster in a Connecticut Regiment during the Revolutionary War. He received his collegiate and medical education at Middlebury College, Vermont, and came to the Northwest Territory about 1820, where his older brother, Shubael Conant, was already settled at Detroit.

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†The source of this statement, which conflicts with the former, has been mislaid.

Frenchtown (later Monroe) was thought by some to be the future metropolis of the West, and there he began his medical practice and built his home, one of the first brick houses in the community, located near the old yellow Court House. During the early days of his practice the land was under military government and he acted as surgeon on General Cass' staff. He was quite alone in serving a large area in a growing community and the life was very arduous, with long horse-back rides to his patients, so that his health suffered. He died literally in the saddle in his early fifties in the year 1850.

He was a man of kindly and sympathetic nature with a long list of charity patients. His chief outside interest was education. Dr. Conant's School House was one of the early primary schools in the community, and he provided at his own expense the buildings and a residence for the first instructor, for the Catholepistomiad branch of the University of Michigan, established in Monroe under the Legislative Act of August 26, 1817. He was also one of the three founders of the first Young Ladies' Seminary. In 1824 the first Commissioners and Supervisors were appointed and Dr. Conant was one of the five. In the following year he appears as one of the directors of the new Harbor Company and for twenty years La Plaisance Bay remained the harbor for Southern Michigan, with sailboats and steamers coming West from Buffalo.

To quote from the program of the Monroe Pageant of 1926, "Dr. Harry Conant figured prominently in early Monroe's civic, social and educational development. He was a very influential citizen, having founded many of the early schools and carried to completion the educational program and it was through his financial aid that these undertakings were made a possibility." (From correspondence with his son.)

At his own expense he provided buildings for the branch of the Michigan University located at Monroe and with two others founded the first young ladies' seminary, Miss McQueen's School. He, also, with Hon. T. G. Cole, established the Whig paper, *Monroe Gazette.* He had broad views; was "benevolent without ostentation." His judgments of men were keen and the "older citizens will never forget his sterling integrity."[23]

The Greson, Santa Barbara, Cal.,
May 7th, 1928.

Dr. C. B. Burr
Dear Sir:

I am just in receipt of your letter of April 28th it being sent on to me here as above at Santa Barbara. During the following week I expect to start for home. I am the only one of my generation still living and was but ten years old when my Father passed away, so personally I remember him indistinctly. There is a Conant book that mentions him. I will look for it and write you on my return home.

Yours sincerely,
John S. Conant.

My address, 602 Free Press Bldg., Detroit, Mich.

"Among the early settlers of Atlas was Cyrus Baldwin who located land in Section 35, in 1837. He ministered to the physical wants of the people of the settlement and surrounding country for many years but not much of his life history has been preserved. Before locating in Atlas he had practiced for a short time in Grand Blanc. From records available no mention is made of any other physician until 1844 when Dr. Elbridge P. Gale arrived from Niagara County, New York, with his wife Mary and son Adrian. Dr. Gale became an influential member of Atlas society filling many positions of honor in the community. He was elected to the legislature in 1853 and to the Senate in 1861. He was also collector of revenue for two years."†

"Of the doctors entitled to rank among the real pioneers of Kalamazoo County there are *four* who deserve conspicuous and honorable mention in its local history. These are Dr. N. M. Thomas of Schoolcraft; Dr. David E. Brown, first of Schoolcraft and afterward of Pavilion; Dr. J. G. Abbott of Kalamazoo; and Dr. D. E. Deming of Cooper. Of these but one is now living [1880] who was probably the very first physician who made a home in the county."[21]

Dr. David E. Deming was the first settler in the township of Casper. (Cooper?) "He made an entry of land on Section 2 in 1833, and became a permanent resident in March, 1834." Previously he had "erected a comfortable shanty" on his land while in a "temporary abode on Gull Prairie." Soon after he had a "more spacious frame dwelling."

He gradually relinquished practice "for the pursuits of the agriculturalist," having inherited a "strong love of nature."

He was of "strong religious conviction," was first supervisor of the township and represented his district in the State Senate. He died in 1879 at an advanced age.[21]

Mr. Henry A. Hawley, of Vevay township, Ingham County, was one of a party that reached Detroit on the Steamer Daniel Webster in June, 1834. Three days later they partook of the hospitality of Dr. P. J. Spaulding, Adrian, for "over Sabbath."

In the fall of 1835 his "mother became somewhat homesick." She told Dr. Spaulding, who "came along" and noticed that she "appeared down hearted," that she feared if any of the family got sick "we must have pretty hard times." He replied, "Aunt Olive, I think you quite as likely to be sick as any one of the family, and if you are sick any time within three years I will carry you through one course of sickness provided you settle within ten miles of Adrian." He "was as good as his word, and attended her through a severe run of bilious fever free of charge." He "is still living at Adrian [1880] . . . and for many years was the very salt of the town."[18]

Dr. Samuel W. Pattison traveled extensively, following Indian trails and blazed trees, in Shiawassee, Clinton, Ionia, Barry and Genesee Counties in 1835 and 1836. In 1838 he traveled thirty miles to Owosso "through an unbroken wilderness." He soon afterward moved to Owosso, the citizens giving him "quite a pecuniary consideration," and assisting him in building a dwelling. Eventually he "must either abandon [his] life's work or go where [he] could ride in a carriage." (He had developed an infirmity from horseback riding.) Accordingly he moved to Ypsilanti in 1845.

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†From "Atlas Township" by Ella E. Rockwood, *Flint Journal*, February 5, 1928.

Dr. Pattison was living in Ypsilanti in 1878, in his eighty-fourth year.[26]

Dr. Josiah (Joseph?) P. Roberts from New York, who came to Perry, Shiawassee County, in 1837, "was the first physician to reside in the County." He died during the winter of 1844-1845; was devoted to farming as well as his profession.[26]

Dr. Washington Z. Blanchard kept a hotel in "Shiawasseetown" in 1837.[26]

Dr. Abner Sears came to Byron in 1838.[26]

Dr. C. P. Parkill (of whom more elsewhere) studied medicine with Dr. Pattison, then of Owosso; later with Dr. Barnes. (*See* Anti-Slavery.) After graduating from Willoughby Medical College, Ohio, in 1846 he practiced twenty years in Bennington.[26]

Dr. .... Pierce from Philadelphia was the first physician in Corunna (1842). He was "very learned and methodical, but not a successful practitioner," and returned to Philadelphia after five years, "weary of the toil attendant upon a country practice."[26]

Dr. William Weir, "an early resident of Shiawasseetown," was "from 1840-1850 the leading physician in the County." He was not a medical graduate. He moved to Albion.[26]

Dr. Nicholas P. Harder practiced at Newburg and Corunna. He was sometime county treasurer and supervisor.

He "ministered to the wants of the community" (Shiawassee Township) during the prevalence of malarial fever at an early period.[26]

Dr. Henry Rowland came to Byron in 1841. He died nine years later.[26]

The above observation, now it is written, has a weird look, but we'll let it ride with the assurance that the doctor's separation from life was a *non-sequitur.*

Dr. Peter Laing built a hotel in Laingsburg in 1836. He practiced only in emergencies, but had plenty to do as host to weary and "well dressed" travelers. One he escorted to a log-heap fire out of doors and politely invited him to there make himself comfortable as his house was "running over with people." In the morning the traveler "failed to find his boots" and called out that he had been robbed. "You d....d fool," said Dr. Laing, "don't you know better than to leave your boots outdoors all night in a country like this? The wolves ate your boots, and if you don't get away from here pretty quick, they'll eat you too."

Laing's tavern was the chief stopping-place on the Grand River Road; was stage station and post office.[26]

Dr. E. M. Bacon, a graduate from Geneva Medical, located in Corunna in 1846. He "early acquired a large practice, and his health became impaired from its hardships. He resided temporarily in California, died in Corunna in 1869.[26]

Dr. Freeman McClintock and Dr. D. L. Jones came from Ohio to Laingsburg in 1846 but did not remain. Dr. McClintock returned and practiced there from 1847 to 1851. From the latter year until 1856 he lived in California.[26]

Dr. Seth P. Marvin came from Oakland to Clinton County with his father, in 1835. He built a log house in Watertown. Later he moved to DeWitt.

He was not a medical graduate but was admitted to the Central Michigan Medical Society on the following certificate:

> "To all to whom these presents shall come or may in any wise concern
>
> "The Pres't, Sec'y and Censors of the Medical Society of the County of Macomb send greeting. Whereas Seth P. Marvin hath exhibited unto us satisfactory testimony that he is entitled to a License to practice Physic and Surgery; now know ye that by virtue of the power and authority vested in us by Law, we do grant unto the said Seth P. Marvin the privilege of practicing Physic and Surgery in this State, together with all the rights and immunities which usually appertain to Physicians and Surgeons.
>
> A. C. CAMPBELL }
> GEO. LEE } Censors
> H. TAYLOR }
>
> "In testimony whereof we have caused the seal of the Society to be hereunto affixed at the Village of Mount Clemens, this 14th day of November, 1836.
>
> "A. C. CAMPBELL, Scy.
> "H. R. SCHITTERLY, President."

Dr. Marvin was elected county clerk in 1839, register of deeds in 1851 and judge of probate in 1856.

He was successful as a physician and "very popular with the people, a good conversationalist and story-teller." He died in 1864.[26]

Dr. Levi D. Jennison, a native of Connecticut, came to Michigan in 1837, "and located on the south side of Looking-Glass River then known as New Albany." He moved to Essex, Clinton County, in 1843, where he practiced until his death at sixty-three years of age (1863). He was "slow in forming an opinion. In cases of inflammation of the lungs he was uniformly successful and without an equal in this region of country."[26]

Dr. Hiram W. Stowell, a native of Cayuga County, New York, came from Ann Arbor to Detroit in 1837 and practiced there until his death twenty years later.

He was "the first Judge of Probate of Clinton County, and afterwards Treasurer."[26]†

Dr. William B. Watson emigrated to Michigan in 1839 and located in Duplain, Clinton County, "where he opened an office at the Rochester Colony." He was the first physician and for many years the only one in the township. "He enjoyed the confidence of the people and the respect of his fellow-practitioners."[26]

Dr. Martin Moore "was considered a good practitioner." He practiced at some settlement (unascertained) on Looking-Glass River from 1838 or 1839 until 1850 when his death occurred.[26]

Dr. Stanton E. Hazard from Niagara County, New York, attended one course of lectures in Ann Arbor and commenced practice in Wacousta, Clinton County, in 1842. "He was careful and cautious and uniformly successful." He died in 1880.[26]

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†Can't reconcile this with the preceding item. Help! Help! C. B. B.

Dr. Isaac F. Hollister, who on a visit to his brother Joseph in 1847 was "persuaded to remain" in Victor, Clinton County, practiced there until 1864. He was a member of the State Senate in 1856.[26]

"One Dr. Seinholt" settled in Westphalia in 1848 but subsequently moved to Howard City.[26]

Warum "One"? The above was printed thirty-four years before the World War; and neither then nor since has anti-German prejudice existed in Westphalia.

"Hon." (if the reader pleases) Moses A. McNaughton, M.D., devoted himself for ten years, after 1841, to the practice of medicine in Jackson and then engaged in the purchase and sale of real estate.[33]

The last named enterprise was unquestionably successful, but the doctor was not unmindful of the "poor in purse" in pioneer days and was one of "their early benefactors." He was interested in railroad building, a member for a time of the State Senate. He was not without opposition "in some quarters," but was resolute of will and carried on in what "proved to be for the best interests of the tax-payers and the people."

He was a graduate of Fairfield, 1840. Hunting was one of his chief pastimes. He shot many a deer within the present limits of the City of Jackson.[33]

"Jonathan B. Chapin, M.D., now [1880] of Battle Creek, Calhoun County, settled in Vevay previous to . . . [1842] and was an early school teacher. He had studied medicine in the State of New York. He cleared up a large farm and lived in the township until about 1855, when he removed to Olivet . . . and afterward to Battle Creek." He "was very prominent in the township and was an esteemed citizen."[18]

Bellevue's first physician was "Old Dr. Carpenter" who located there in 1836 and practiced four or five years.[18]

Dr. Root from Vermont came there in 1837

and

Dr. Samuel Clark in 1837-1838.[18]

Dr. Seneca H. Gage engaged from 1837 for fifteen years in practice in Bellevue, then entered the drug business.[18]

Dr. Henry Taylor (1832-1889) practiced medicine in Mt. Clemens for thirty-four years, succeeding his father, a pioneer physician. He was an active and zealous member of the Northeastern District Medical Association and a member of the State Medical Society from 1885. He "lived his life well and died regretted by all."[35] (Memorial prepared by Dr. P. S. Knight of Utica.)

Dr. Marvin Culver, a physician and retired farmer, was, in 1890, "taking life easily at his country residence on Section 26, Norvell Township, where he has spent fifty years." He had "care for those about him, doing a kindly act whenever opportunity offered."

He was born November 6, 1807, "among the rocks and hills of Chester village, Hampshire County, Massachusetts, and came of respectable parentage." He taught school at the age of 18. Later he "began the study of medicine, which he prosecuted industriously, and in due time was graduated with a thorough knowledge of the profession as then laid down in books."

He came to Clinton, Lenawee County, in 1837 and from there moved to Norvell, Jackson County.

He voted with the Democratic party until 1860, then "wheeled over into the Republican ranks" and eventually became a "lively Prohibitionist." He had served as justice of the peace and supervisor and was, in 1890, "a bright, intelligent old gentleman, full of good thoughts."[33]

Dr. Amasa M. Bucknum, whose father was for many years a farmer and fruit grower in South Haven, was educated at the Albany and Castleton Medical Colleges, graduating from the latter in 1849. He practiced in Parma, Jackson County.[20]

Dr. James Watts Holmes (1810-1872), born in Onondaga County, New York, studied medicine in Little Falls and at College of Physicians and Surgeons, New York. He came to Blissfield in 1836 and to Lansing in 1848. He practiced there for about five years—then engaged in mercantile pursuits. He was of the Board which located the Reform School.[18]

Dr. David E. McClure (1785-1858), born in Vermont, studied medicine in Middletown. "When he had obtained sufficient knowledge of his profession to commence practice for himself, he purchased a horse and a pair of old-fashioned saddle-bags, then common but now [1880] nearly unknown, and made his way on horseback to Swanton, Franklin County, Vermont, near the Canada line, where he settled."

He came to Jackson, Michigan, in 1837 or 1838, and ten years later to Lansing. Breaking in health, he resigned his practice to Dr. H. B. Shank. He erected several business buildings and a frame dwelling.[18]

Dr. Daniel Johnson (1795-1865) practiced medicine in Lansing, New York, and in 1848 came to Lansing, Michigan. He was accompanied by Dr. H. B. Shank, "who married his daughter." He built a "somewhat pretentious dwelling for those days" and also owned a farm south of Lansing.[18]

Dr. S. W. Wright came from Rome, New York, to Blissfield in 1843, to Dundee later, to Lansing in 1850. Three years thereafter he "embarked in the mercantile business."[18]

Dr. Valorous Meeker, "the first physician who settled in Ingham County," came to Leslie in 1837; returned to the East about ten years later.

He was succeeded by Drs. M. L. Fiske and John P. Sawyer. Dr. Fiske was, in 1880, a resident of San Francisco. Dr. Sawyer moved to Eaton Rapids, then to Jackson, where he died.

Dr. J. D. Woodworth, who came to Michigan in 1831, was a student of medicine under Dr. Abram Sager of Ann Arbor. He succeeded Dr. Sawyer in Leslie in 1849 and was graduated in 1852 at Rush Medical College.

Dr. Henry A. Raney and Dr. McRay, a "Thompsonian," remained in Leslie but a short time. "Most of the physicians who have been located at Leslie were able and worthy members of the profession."[18]

Dr. William L. Wells came to Lansing from Howell in 1847.

Dr John Goucher, who came to Lansing in 1847 from Ohio, an eclectic, "built up a considerable practice," was "well versed in surgery" . . . and "possessed a good opinion of himself and great confidence in the school of medicine to which he adhered."

"The first homeopathic society in the State was organized in Ann Arbor about 1846. It was called the Michigan Homeopathic Institute and among those prominent in its organization were Messrs. Thayer (Detroit), Ellis (Grand Rapids, Detroit), Blackwood (Washtenaw County), Jeffries (Howell) and Gray (Washtenaw County).

Dr. Jeffries accompanied a party to Lansing in 1847. "Ice was everywhere" (April), and the roads "nearly impassable." He remembered in 1880, "seeing wolf tracks near where the Capitol now stands."[18]

He "was surgeon in the Michigan State troops during the 'Toledo War' on the Staff of General Davis."[18]

Dr. Hiram Frye from Andover, Massachusetts, settled in Onondaga township, Ingham County, in 1838, and Dr. Daniel T. Weston in Dansville in 1847 or 1848.[18]

Dr. James A. Lesia, born in Detroit in 1821, graduated at Cleveland Medical College in 1847, came to Williamston in 1844. He had in 1880 practiced for thirty-six years in that place and was highly regarded. He erected business buildings and his residence was the "finest in the village and one of the best in the county."

He passed the years 1869 and 1870 in California, carried on a drug store and was postmaster at Vallejo. In Williamston he held the office of school inspector for sixteen years.[18]

Dr. James Ackley was in practice in Stockbridge, Ingham County, previous to 1844.[18]

Hon. Norman Geddes of Adrian contributed to the History and Biographical Record of Lenawee County the following account of an eminent Canadian psychiatrist, in early life a resident of that county:

"Those of you who were in the habit of visiting the lake as long ago as in 1836, may recollect seeing a man rather above the medium height, broad shouldered, deep-chested, and with a marked intellectual cast of countenance —a man whom after meeting in the street, you would involuntarily turn to look at—a man who, when he spoke, riveted your attention. He was usually clothed in sheep's gray, well worn and patched, yet you could not but feel, while in his presence, as if in the presence of a king. That man was Benjamin Workman, an Irishman, who, like Elder Tripp and Rev. Mr. Lyster, had become infatuated with the beauty of the lake, and in 1835 located lands upon its shores. Although he had the advantage of the best culture of his native land, was a thorough, classical, scientific scholar, yet he found himself at fault in trying to make a living upon a new farm in the woods. Gradually his clothing became more and more seedy, and his purse lighter and lighter, and a casual visitor at the lake would not have been likely to envy either him or his possessions. There he lived until the parties interested in the old *Constitutionalist*, the first Whig paper ever published in this county, commenced looking about for an editor. Workman was selected, and took charge of the editorial department of that paper, boarding, while here, with the late David Bixby, some two miles north of the city. I was too young to know much about his success as an editor, but have a vague recollection that he was regarded as *too honest for the position.*† He was a man of strong convictions, and men with convictions are not always successful as editors of a party paper. He afterwards taught school at Tecumseh and Springville. And among the most delightful memories I have of school life is that of attending his school at Springville. After this he removed to Canada, studied medicine, engaged in business, became wealthy, and was for many years either at the head of or connected with the insane asylum at Toronto. A year ago I spent two delightful days with him at the asylum, found him a hale old man of 80, with a clear and vivid recollection of his life at the lake, and of his old neighbors and friends. In Canada where he is known extensively, he is held in the highest esteem and all over the Province great deference is paid him as a man of culture and learning."[11]

Dr. Benjamin Workman was an early settler in Lenawee County. To Judge Geddes he said that in 1836, while rowing a boat over the western portion of Sand Lake, he came directly over some very large springs where the water seemed fairly to boil, moving the sandy bottom with great violence. He was ever afterward of the opinion that he had discovered one of the sources of water supply of the lake.[11]

In May of 1835 Dr. Hall settled in the township of Rollin. He had many trials to encounter in administering to the sick and the afflicted, no roads or bridges but those made by the settlers for their convenience. The trial was a severe one, but pluck and energy overcame all hindrances. From Rollin he moved to Hudson, where in 1880 he had a fine store "filled with drugs and medicines, of which he has so ably dealt out for the good of the people. Happy and contented with his lot in life, and the part he has filled—a lesson to all what economy, prudence, and energy will accomplish under difficult and trying circumstances. Poor and penniless when he trailed the wild woods of Rollin in 1835—now surrounded by all needs and conveniences of life."[11]

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†Italics are the reviewer's.

Dr. William Holloway came to Raisin, Lenawee County, in 1831 and settled on a farm.[11]

The father of Dr. Roland B. C. Newcomb, born in Vermont in 1822; spent three years as a cod-fisher off the coast of British America and worked in the United States Armory at Rutland, Vermont, for two years.

Dr. Newcomb emigrated to Ohio in 1843, and studied in the Western Reserve Teachers' Seminary at Kirtland. He had no means, studied first with a doctor in Madison, then in 1847 with Dr. Howard of Columbus, for whom he did the chores and took care of the horses. He was graduated at Starling in 1848, located in Palmyra, and in 1851 moved to Blissfield.

He was sometime township school inspector, trustee of the school board, supervisor of Blissfield, member of the House of Representatives and of the State Senate of Michigan, was a temperance man, a prominent politician and a Republican after 1854.[11]

Asahel Beach, M.D., a graduate of Castleton in 1824, came to Michigan in 1834. He was "one of the earliest medical practitioners in the county, and although coming here [from New York State, with the intention of devoting his time to farming, locating between five and six hundred acres for that purpose] he was induced to aid as physician to the early settlers, particularly in the sickly season of 1838." About 1843 he retired from practice and moved to Battle Creek.

He was in turn Whig, Republican, Presbyterian, Universalist, and "after study and investigation of modern Spiritualism he embraced that as being nearer his views philosophically and theologically."[15]

Dr. Increase S. Hamilton, born in Massachusetts in 1810, was thrown upon his own resources at the age of fourteen years and learned the carpenter trade. This he followed during the summer months and when not otherwise occupied studied in school and taught. He was graduated at Fairfield Medical College in 1835. At that time he had already become proficient in Latin and Greek. He arrived in Detroit in 1835. On the following morning he started for Adrian and after a two days' walk he reached that place. After prospecting about for a location he settled in Canandaigua Village, where he built the first frame house. He taught school there until his professional services came in demand. He moved to Medina in 1837 and was there engaged in his profession until 1844. He was a delegate to the county convention to consider the action of Congress concerning the Toledo War; was also a member of the first county convention that nominated officers under the State Constitution. He became a Whig. In 1840 he made the first Fourth of July oration in Hudson. Four years before, he had lectured on temperance. After 1845 he lived in Tecumseh. He was elected corresponding member of the Detroit Academy of Medicine in 1878; was honorary member of the State and Southern Michigan Medical Societies. He was trustee of Kalamazoo College for thirty years.[11]

Dr. Darwin Littlefield was connected with the first organized movement for the advancement of the medical profession in the county of Branch as were also Drs. Stillman, Gill and others. (*See* Medical Societies.)[12]

Dr. Isaac P. Alger, "one of the leading physicians in Coldwater, died April 18, 1904, in his eighty-fourth year. He had been a resident of Branch County for more than sixty years; began practice in the forties; was one of the first students at Rush; was noted for his public spirit.[12]

Dr. Thomas Cody was a pioneer physician of Batavia as were Dr. M. E. Chaunders of Girard, and Israel Wheeler of Gilead.[12]

Dr. D. K. Underwood was the first president of the Lenawee County Pioneer Society.[11]

Dr. Isaac Dunning (1772-1849) came from New York State to Edwardsburg in 1834.[16]

Dr. Levi Aldrich (1820-1892) came to Edwardsburg from the State of New York in 1837.[16]

Dr. Daniel Thomas was among the pioneer physicians of Cass County.[16]

Dr. A. L. Thorp (1826-1895) came to Cass County in 1832. He settled in Vandalia in 1849 and died in Mishawaka, Indiana.[16]

Dr. Leander Osborn (1825-1901) was in practice in Vandalia. He taught school for a period in early life, studied medicine with Dr. E. J. Bonine, and was graduated at Rush Medical College in 1853.[16]

"The first physicians in the county [Cass] seemed to have located at Edwardsburg. Of those early practitioners the most prominent was Henry Lockwood. Born in New York in 1803, a graduate of a medical college of that state, he located at Edwardsburg about 1837 and was in active and prosperous practice there till 1862. He died in December of the following year."[16]

During the decade of the thirties Cassopolis and vicinity had various doctors, among them Isaac Brown, Charles Clows, David E. Brown, Benjamin F. Gould, David A. Clows, and James Bloodgood.[16]

Of the above Dr. Gould was a college graduate and practiced in Cassopolis until his death in 1844.[16]

Of Dr. David E. Brown and his services in the Black-Hawk War much is written elsewhere.

"Dr. Oliver W. Hatch, born in Medina county, Ohio, July 28, 1825, came to Mason township, Cass County, with his parents, in 1837, attended the early district schools and also a select school taught by the late Judge H. H. Coolidge at Edwardsburg, and received his medical education by private study, at the LaPorte Medical College and at Rush Medical College in Chicago, where he spent his last term in 1848. He practiced at Georgetown, Illinois, three years, then at Mishawaka, Indiana, six months, after which he located in Mason township and was a practicing physician there until 1903, when he retired and moved to Cassopolis, where he resided at the time the History of Cass County was written, "being the oldest physician in the county."[16]

Dr. Israel T. Bugbee was born in Vermont in 1814, studied medicine in Cass County and in a medical college in New York. He practiced in Edwardsburg from 1840 to 1869. He died in 1878. Contemporaries of Dr. Bugbee were Dr. Alvord, Dr. John Treat and Dr. Enos Penwell.[16]

Dr. Parley J. Spalding's arrival in Adrian in 1832 "was justly considered an acquisition to the place as time has proven. The doctor still lives [1879] to enjoy the fruits of his hard earnings, on the lot he purchased the twenty-fifth of February 1833."

He was the third physician to settle in Adrian, "has always enjoyed the respect of the citizens and will while he lives."

He has held the offices of register of deeds and mayor and was once candidate for Congress.

He was born in New York State in 1805, educated at Hamilton, and in Medicine at Fairfield Medical College, graduating in 1829. At different times he was in partnership with Dr. Ormsby and Dr. Barnard. He sold his office, its contents and good-will to Dr. George W. Voorhees in 1871, at which time he relinquished practice.[11]

Dr. Joseph Howell built the first frame house in the township of Macon. He was a delegate from Lenawee County to the convention in 1835 to form the first State Constitution.[11]

In 1829, "Dr. E. Conant Winter opened a dry goods store in the front room of Dr. Ormsby's house . . . He afterwards built a large wooden block opposite where the Lawrence House now stands. For many years he was a successful trader with the whites and Indians . . . Endorsing paper and the credit business, were the cause of reverses, and not any lack of business capacity. Never have we had a man among us possessed of more energy and perseverance . . . Had he possessed the faculty of saying 'No' he would have been the richest man in Lenawee County."[11]

"A very brief record is left of those physicians who came to Cass County during the pioneer period. There was Dr. Henry H. Fowler, who seemed possessed of the pioneer spirit, for several new settlements in this part of the country knew him as a citizen as much as a professional man. He was interested in the foundation of the village of Geneva, on Diamond lake, and was a factor in having that place designated as the seat of justice. He had first located at Edwardsburg about 1830."[16]

"The enterprising commissioners having looked over the county and examined the eligibility of the various sites chose to recommend the village of Geneva, laid out on the north bank of Diamond Lake by Dr. H. H. Fowler, as the proper location."[16]

"It must be remembered that at the time of the events now narrated the county seat had already been located at Dr. Fowler's village site of Geneva. By fraud, so said many people."[16]

Dr. Barnard came to Cass County in 1828. He died in Berrien Springs in 1881.[16]

Dr. Henry Lockwood of Dowagiac (1800-1863) came from New York State to Edwardsburg in 1837.[16]

Dr. Caleb N. Ormsby, then a practicing physician in Tecumseh, was in 1826 member of a party headed for the Cary Mission on St. Joseph River. They set out on horseback with ten days' provisions, over an Indian trail. En route they named Sand Lake.[11]

Dr. Ormsby moved from Tecumseh to Adrian in 1827 or 1828. There is conflict in dates but at all events on the Fourth of July in the latter year he "delivered the oration, after which a procession proceeded through the principal streets"[11] (through hazel brush).

His house (the first frame house built in Adrian) "stood on the southwest corner of Maumee and Winter Streets" and it's a sure gamble that it was gaily decorated. He was instrumental in bringing the Erie and Kalamazōo Railroad to Adrian.

Responding to a request from the History Committee, Dr. Walter R. Parker, professor of ophthalmology and otology in the University of Michigan, has sent the following interesting material concerning his father, a pioneer physician .

> Dear Doctor Burr:
>
> I send you herewith a copy of a notice that appeared in the paper at the time of my Father's death, together with a photograph of his registration certificate, issued in 1849, signed by R. S. Rice, Geo. B. Russell, as Censors, and Dr. Z. Pitcher, President.

"Marine City, Mich., June 19, 1904.—Dr. Leonard Brooks Parker, one of the best known physicians of St. Clair county and an old and highly respected resident of this city, died at the family residence here this afternoon at 2:15 o'clock. Dr. Parker had been in failing health for several months, but was not compelled to take to his bed until six weeks ago. He suffered from no distinct disease and his death may be said to have resulted from weakness and exhaustion induced by the infirmities of age.

"Dr. Parker was a fine representative of those rugged 'down-east' characters who have played so important a part in the development of the middle west. He was born at Moores, Clinton county, New York, July 29, 1818, and consequently, at the time of his death, was within a few weeks of his eighty-sixth birthday. He was the fifth of a family of ten. When he was six years of age his parents returned to Vermont, whence they had gone to New York some years before, and settled at Fairfax. At this place and at St. Albans, Vermont, he received an academic education. He began his medical studies with Drs. Hall and Ballou, of St. Albans, and was graduated from Castleton Medical College, Castleton, Vt., in 1843. He began the practice of his profession at Cambridge, in the same state, where he remained two years and a half.

"In 1846 he came to Michigan and settled at Marine City (then called Newport), where he has since resided. The trip west was made by steamers of Lakes Champlain and George, a mule-drawn passenger boat on the Erie canal, the steamer, Buffalo, from Buffalo to Detroit, and the Red Jacket from Detroit to Marine City.

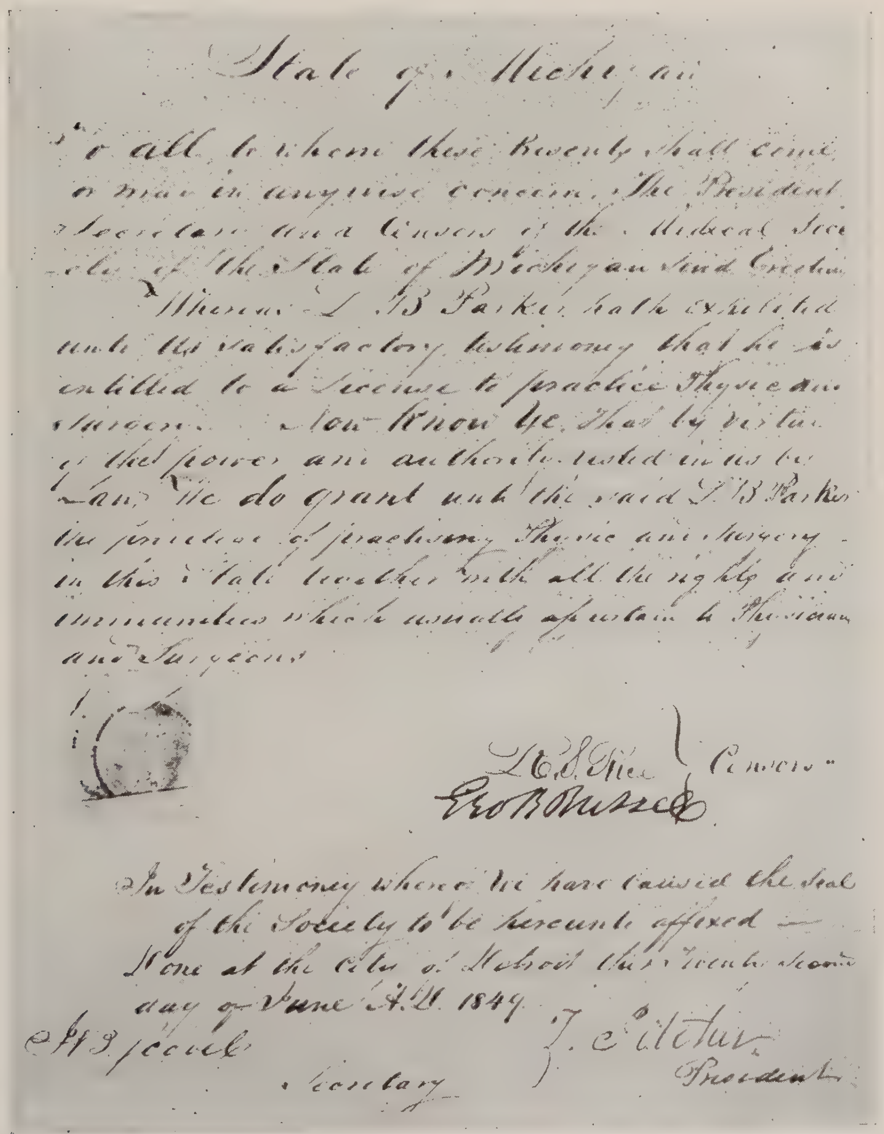
"Once here he soon built up an extensive medical practice, which he cared for assiduously until the weight of his years compelled him to lessen the exercise of his accustomed activities.

"Dr. Parker was a man of large and strong physique and of great endurance. He was also blessed with remarkably good health. During his long residence at Marine City he has never, until six weeks ago, passed a single day in bed on account of illness.

"The possession of unusual health and strength served him to good purpose in the prosecution of his medical work. The field of his practice was a wide one, a not inconsiderable part of it being on the Canadian side of the milewide St. Clair river, and the roads of the neighborhood were frequently heavy; yet never during his whole medical career did he find it impossible to reach the bedside of a patient to which he had been summoned, no matter how long the journey necessary to accomplish this or how difficult the way.

"Dr. Parker came from revolutionary stock and frequently recounted incidents connected with Bunker Hill and other battles of the revolution which he had received first-handed from his grandfather, who served through this war.

"For some years after his arrival he dressed in what might be called old school fashion, and old inhabitants of this portion of St. Clair county often tell of the young doctor of a half century ago, who moved about among them, usually on horseback, wearing a blue swallowtail coat with large brass buttons and a tall hat covered with white fur.



State of Michigan

To all to whom these Presents shall come or may in anywise concern, The President Secretary and Censors of the Medical Society of the State of Michigan Send Greeting

Whereas L B Parker hath exhibited unto us satisfactory testimony that he is entitled to a License to practice Physic and Surgery. Now Know Ye, That by virtue of the power and authority vested in us by Law, We do grant unto the said L B Parker the privilege of practising Physic and Surgery in this State together with all the rights and immunities which usually appertain to Physicians and Surgeons

L. C. S. Rice }
Geo B Russel } Censors

In Testimony whereof We have caused the Seal of the Society to be hereunto affixed — Done at the City of Detroit this Twenty second day of June A.D. 1849

M B Jewell
Secretary

Z. Pitcher
President

Certificate Granted to Dr. L. B. Parker, Father of Dr. Walter Parker

"When he came to Marine City pine lumbering was an important industry in this vicinity, and he soon became connected with it. The store which stands today at the lower end of the city was built by him many years ago as a saw mill.

"After lumbering had declined here he devoted his surplus energy to the attainment of vessel interests and in a few years became the owner of a valuable property of this kind.

"Dr. Parker has always taken a prominent part in politics and has been a life-long Democrat. He represented this district as state senator during the sessions of 1860-61. He also served as president of the village several times before it was incorporated as a city, and once as mayor since. For many years he was connected with the board of education. In 1884 he was a delegate to the national Democratic convention.

"His death removed the last of the charter members of S. Ward Lodge, F. and A. M. of this city.

"In 1852 Dr. Parker was married to Jane Sparrow, of Percy, Ont., and both lived to celebrate their golden wedding two years ago. Seven children were born to them. One daughter died in early childhood, but six survive, as follows, all except Mrs. Heath being present with their mother at the deathbed. Mrs. L. W. Heath, Grand Rapids; Drs. Delos L. and Walter R. Parker, of Detroit, and Frank S., Jennie C. and G. Whitbeck Parker, of Marine City.

"The funeral will be held from the residence Tuesday at 2 p. m."

Dr. Richard Inglis was born in Greenlaw, Berwickshire, Scotland, October 28, 1821. His father, David Inglis, was a minister of the United Associate Congregation.

The greater part of his education was at the Greenlaw school, "then under the care of Mr. Hume, a teacher under whose tuition a long line of eminent scholars, beginning with Rev. Principal Freebairn of Glasgow were trained."

At the age of fourteen he was apprenticed to Mr. Walsh, an apothecary at Dalkeith. He was next at Edinburgh with Duncan and Flockhart, eminent chemists and druggists. He came to Detroit on the death of his father and opened a drug store on Woodward Avenue near the site of the old post office building. This was unsuccessful.

He studied medicine and was graduated at the Western Reserve College, Cleveland, Ohio, in 1848. "Business came slowly and money was not plentiful, but success came and eventually his practice was "equalled by few in the State." His brother writes, "As a practitioner of medicine Dr. Inglis had few equals. His personal magnetism to me was something wonderful and few could resist its attractions."†

One of his axioms was "never give a case up as long as life remains." The younger men of the profession "delighted to honor him and he was much called upon by them in consultation." In consultations "he seldom failed to re-establish the perhaps wavering faith of the patient and patient's friends in the attending physician, or in giving the physician himself more confidence to go on with the case."

He was elected vice-president of the Michigan State Medical Society in 1868 and president in 1869.

"The Detroit Academy of Medicine owes its origin mostly to his efforts and his interest in it never flagged to the end."

He was elected in 1870 to the chair of Obstetrics, Detroit College of Medicine. "His lectures were models of terseness—the cream of the experience of nearly thirty years' practice . . . many of them indeed were little else than strings of maxims derived from his own personal experience, and to be remembered as being of the most practical importance."

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†This is thoroughly believable by anyone who has had the enviable opportunity of acquaintance with his son, Dr. David Inglis, of Detroit. He possessed the same attributes.

"His influence with his students was unbounded and this not alone from his ability as a lecturer, but also from his geniality and the lively interest he took in everything concerning their welfare."†

He suffered from chronic bronchitis and twice was compelled temporarily to abandon practice. In December, 1874, infection occurred from an apparently unimportant abrasion. This was followed by a local erysipelatous, later a gangrenous condition, and this in turn by pain in the extremities and a tender and inflamed point on the left arm. Constitutional septic poisoning from this time developed rapidly, infiltration of pus into subcutaneous tissues taking place at many points.

In consultation in this case were those veterans in medicine, Doctors Webber, McGraw, Cleland and Jenks, and his son David. Incisions of the edematous integument, sustaining and antiseptic treatment were employed, but to no avail, and death occurred on the eighteenth day of December, 1874.

"The distress manifested by his students when the fatal issue of his sickness was known was pitiful to behold. It seemed as if death had entered the family circle of each one of them."[35]

Mrs. Elizabeth Rogers, wife of Thomas Rogers, was a daughter of Dr. Wilcox of Watertown, New York. She spent much of her youth in her father's office and learned compounding medicines and filling prescriptions. Her husband was a blacksmith and millwright and was hired to assist in establishing the first saw-mill in what is now Bay City. He was constable, then mail carrier and justice of the peace, and in the latter capacity officiated at the marriage of the first couple in the little settlement. At the first fruits of this marriage in 1838 Mrs. Rogers officiated and "from that time forth until 1850" she was "the ministering angel of the backwoods settlement." "At all hours of the day and night, through storm or snow, rain or shine, on foot or on horseback, she would hasten through the woods, infested with wild beasts, to the bedside of the sick or dying. There was scarcely a child born in the settlement for twenty years that she was not present, even after practicing physicians came to the growing town."

Her husband died in the epidemic of cholera in 1852.

She was the mother of seven children. Her death occurred in 1881.[13]

Dr. J. E. Davis (1825-1872) was a practicing physician in Macomb township in 1842 or thereabouts.[22]

Dr. Caleb Carpenter settled at Romeo in 1830, removed to Almont in 1835, died at St. Louis, Michigan, in 1873.[22]

Dr. Lewis Berlin formerly of Romeo, died July 18, 1875.[22]

Dr. James P. Whitney, one of the early physicians of northern Macomb, died in California in 1880.[22]

Dr. Cyrus Backus was born in New York State in 1812. He "took the full course" at Geneva but this medical college "was not authorized legally to grant diplomas admitting to practice."†

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†This trait his son David also possessed in high degree.

He passed examination before the Ontario County Medical Society and later in Michigan before the Territorial Medical Society and was admitted to practice. He was graduated in 1850 at the University of the City of New York and located in Ann Arbor.[27]

"Jacob Graverot, the picturesque frontiersman of the early times in this neck of the primeval forest, attained much of his fame and eminence among the Indians by his primitive but apparently effective treatment of the natives when ill or wounded. His limited knowledge of medicine, particularly the curative qualities of herbs and shrubs, made him a medicine man among the roaming Chippewas. The first settlers in these parts for years after his death, which occurred about 1839, heard the red men recount his miraculous cures of members of their tribes long before another pale face medicine man visited the banks of the Saginaw."[13]

His wife was "the daughter of the fierce Kiskawko." He came from Albany, New York, lived for a time in Detroit, then in Macomb County.[22]

"Kiskawko and another warrior stood by the side of the British Commandant. The former carried a hickory cane about four feet long, ornamented or rather strung with the scalps of Americans, together with a tomahawk presented to him by DePeyster (the Commandant) some time previously. He concluded his address to the Commandant thus, 'Now, father, here is what has been done with the hatchet you gave me. I have made the use of it you ordered me to do and found it sharp.' "

The foregoing is an extract from Chapter XIII of the History of Macomb County, which deals with the persecution and dispersion of the Moravians from Detroit at the instigation of the British, who suspected them of being "sympathizers with the Americans."

One Indian chief, "Captain Pike," had a commendable sense of decency and revolted. He told the Commandant "the English had set him on the Americans just as the hunter sets his dog on the game; but the Indian would play the dog's part no longer."

The first tree-planting in Macomb County was an orchard, by the Moravians on the banks of the Clinton in the vicinity of Mt. Clemens in 1782.[22]

Dr. George E. Smith, a graduate from Cleveland Medical College, began practice in Bay County in 1850 and owned the first drug store. He was postmaster at the "forlorn little settlement," later Bay City, from 1853 to 1861.[13]

Dr. August Nabert, born in Brunswick, Germany, in 1828, sailed for three years in the South Seas, came to Bay County in 1851, and died in the cholera epidemic of the following year.[13]

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†This may be subject to question.

Dr. Smith and the other practitioners who came to Bay County prior to 1865 "had to be as expert in a canoe as on horseback and they had to know the Indian trails as well."

"Often these calls would come in the middle of the night, and a pine torch, and later a lantern, would be carried by the guide to the home of the sufferer."[13]

"Hon. Nathan Webb, M.D.," was born in Ontario County, New York, in 1808. An orphan at thirteen he worked "at everything and all things" to obtain an education which would enable him to teach. His first teacher's certificate was dated in 1824. Until 1832 he taught school, meantime studying surveying, then shipped as seaman on an ocean-going vessel. After a year thus engaged he studied medicine, and in 1836 received a diploma from the New York State Medical Censors. He practiced in Pennsylvania and New York states until 1846, when he located in Pittsfield. On the opening of the Civil War "the doctor and three of his sons went forth in the service of their country." Dr. Webb enlisted for three years in the regular army as surgeon but did not serve the full time.

He was elected to the Michigan State Senate in 1860. "To fully describe Dr. Webb's political sentiments would be impossible, but will use his own words," quoth the biographer, "I have been a Republican from the first to the last and all the time between."[27]

"No physician settled in this town [Pittsfield] prior to 1835† when Dr. Nathan Webb arrived. He still [1881] resides in the town and engages in his profession. Dr. Nichols of Ann Arbor was one of the first physicians . . . Drs. Lord, Denton, Cole and Brigham, who once did business in this town, have gone to the spirit land. Drs. Pomeroy, Millington, Town and Fairchild from Ypsilanti were also early doctors."[27]

Dr. Silas H. Douglas was born in Chautauqua County, N. Y., in 1816; prepared for college at Fredonia Academy; was graduated from the University of Vermont and later given the degree of M.A. therefrom. In 1838 he came to Detroit; studied with Drs. Rice and Pitcher, was graduated in medicine from the University of Maryland.

Returning to Michigan he was of the parties of Dr. Houghton and Mr. Schoolcraft in geological surveys and treaty negotiations. He located in Ann Arbor in 1843, was appointed the following year assistant professor of chemistry, University of Michigan, and in 1846 made full professor. His connection with the university ceased in 1875. He had been largely interested in the organization of its medical department and laboratory, and had charge of the erection of the University Observatory, Medical College, Laboratory, south wing of the main building, water works, and other improvements.

"In 1874 and 1875 the question of the disappearance of certain moneys arose" and an investigation was ordered of the management of finances under this control. "The matter was carried into various courts, and in a decision of the Supreme Court of this State rendered January 20, 1881, Dr. Douglas was completely vindicated."

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†Evidently an error. He was married that year in Pennsylvania.

During two years he served the city as mayor; he organized the gas company. He made and presented to the University a large collection of minerals. He was author of a "System of Chemical Tables" which was subsequently enlarged to "Douglas and Prescott's Qualitative Chemical Analysis."[27]

The Douglas-Rose controversy created much ill-feeling throughout the State and partisanship was strong. The worst that could be said about the situation, as I recall it, was that there was probably on somebody's part some carelessness in bookkeeping.—C. B. B.

"Dr. Porter traversed the township [Freedom] early in 1831."[27]

"The familiar names of Dr. Ebenezer H. Conklin . . . and others, appear on the tract books [of Sharon township] as having entered land in 1831, but did not settle thereon until later."[27]

Dr. Ebenezer H. Conklin (1790-1851) was born at Lenox, Massachusetts. When a boy he learned the wagon-maker's trade, then taught school and studied medicine; practiced in New York State for twenty-five years, then came (in 1831) to Sharon township, Washtenaw County, and located four or five hundred acres of land. He held "many positions of honor and trust."[27]

Dr. Alexander Ewing (1819-1879) was born in Ireland; came to America at the age of fourteen; was graduated at Geneva Medical in 1839, located the following year in Lima. In 1852 he represented his district in the Michigan legislature. In 1861 he was appointed by Governor Blair Surgeon of the 13th Michigan Infantry. He saw much hard service and participated in the "leading battles of the Army of the Cumberland."

"As surgeon in charge of Hospital No. 3 at Nashville, Tennessee, and subsequently at Lookout Mountain, he had an experience equaled by few army surgeons. At the battle of Chickamauga he was the operator of General Wood's division, and remained to care for the wounded of that division who were captured by the enemy. After many days of constant operating he, with other surgeons, was taken to Richmond to spend six weeks in the famous Libby Prison." He was mustered out after three years' service.

"He was for many years one of the most prominent physicians and surgeons of Washtenaw County."[27]

Dr. Charles Rominger, state geologist of Michigan, Ann Arbor, was born in Würtemberg, Germany, in 1820. He was graduated at a youthful age from the University of Tübingen. He came to America in 1848 and in 1860 to Ann Arbor; was appointed state geologist about 1870.[27]

Dr. Abram Sager, born in New York State in 1810, was educated at, and instructor in, the Rensselaer Polytechnic Institute, Troy, graduating therefrom in 1831. He received medical instruction at New Haven and Albany and graduated at Castleton Vermont, in 1835. In 1837 he was appointed chief of the botanical and zoological department of the Michigan State Geological Survey. His report in 1839 and material therewith laid the foundation of the zoological collection in the museum, University of Michigan.[27]

He successfully performed the earliest cesarean section in Michigan.†

Dr. J. Steward (1824-1864), a native of Scotland and formerly in successful practice in Edinburgh, located in Ann Arbor about 1850.[27]

"In this extremity Dr. T. M. Town yet in the prime of his active manhood stepped forward and assumed the entire responsibility of building the house."[27]

This was in 1843. The structure was a church that he was interested in building in Ypsilanti.

Dr. Joel Fairchild was elected in 1838 a trustee of the Methodist Episcopal Church in that place.[27]

Dr. Henry S. Cox has resided in Franklin, Oakland County, since 1867.

Born in England in 1826 he emigrated in 1848 and came direct to Jackson, Michigan. Thence he removed to Detroit and soon after to Franklin, where he carried on a saw-mill for two years and from which place he went to Ann Arbor to freshen up professional knowledge acquired earlier at Bath, England.

He enlisted August 13, 1861, "having as full sympathy with Republican principles as though he had been a native of the United States"; became corporal, then orderly sergeant, then acting lieutenant of Company G, First Michigan Cavalry; then hospital steward and assistant surgeon, in which latter capacity he served until June 16, 1865.

He practiced in Barry County two years, thereafter in Franklin, where he had "a reputation unexcelled in the locality."

He was justice of the peace and member of the school board for fifteen years (to 1891).[34]

"Dr. Campbell" taught school in Mt. Clemens in 1835; Dr. Philo Tillson in the winters of 1837-1838 and 1838-1839.[22]

Dr. Carlos Glazier of Royal Oak was born in Chenango County, New York, in 1820. When fifteen years of age he was assisting in the support of his father's family, part of the time by working in a powder mill. He came to Michigan in 1843, studied medicine with Drs. Bagg and Johnson of Pontiac, and Dr. Hudson of Farmington, and attended lectures in Cleveland.

During the Civil War he served as surgeon in charge of a hospital at Louisville, Kentucky, and later at the front at Chattanooga, Marietta and elsewhere.

In five months "he amputated two hundred and seventeen limbs. He now draws a pension. His first presidential vote was cast for Buchanan and his last [up to 1891] for Cleveland. He has a large and lucrative practice and enjoys excellent health. He is fond of a gun, has an eye like a hawk and bears a splendid reputation as a marksman."[34]

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†Rogers, *Journal of Michigan State Medical Society*, August, 1929.

Dr. Washington Gay Elliott was born in Connecticut in 1824; came with his parents to Pontiac in 1838; attended school at the latter place and the Waterloo, New York, Academy; was graduated in medicine in 1849 at Western Reserve, Cleveland; practiced until 1852 in partnership with Dr. Paddock of Pontiac, then in Clyde, New York, until 1862, when he was appointed Assistant Surgeon of Volunteers and was stationed at the Alexandria Hospital, Virginia.

In 1866 he returned to Pontiac. The same year he assisted in the reorganization of the State Medical Society. For several years he served as health officer of Pontiac.[34]

Dr. Henry K. Foote was not only "a physician and patriot . . . but he also has an honored name in connection with legislative affairs. He was first sent as a representative from this district in 1844, and he served altogether three terms." He was "one of the most prominent law-makers of that period in Michigan."

Born in Connecticut in 1803, he went to New York at the age of eighteen; was graduated in medicine at Albany; came to Michigan in 1834 and settled first in Commerce, then in Milford, Oakland County. "He and Dr. Morey were the leading physicians" of the latter locality.

He was intensely loyal and "raised a company of men for the Lancers Regiment" on the outbreak of the Civil War. The company was attached to the 5th Michigan Cavalry. "Old as he was Dr. Foote started with them" when ordered south, but at Poolesville, Maryland, died from pneumonia.[34]

Dr. Dennis Cooley (1789-1860) whose portrait appears in the History of Macomb County, Page 496, had almost unbelievably impressive whiskers. They fell in a curl to the coat-collar margin on each side. The chin is shaven, an adequate moustache adorns the lip.

He was "the pioneer among them [Romeo], a man of fine form, good mind, well informed and withal, a little eccentric in his habits. His home was here as early as 1826 [1827?] . . . few names were better known . . . was especially fond of the study of botany, and his herbarium was one of the most extensive and best classified that ever was gathered in the Territory of Michigan. His eccentricities of dress, his flowing unshorn curls, luxuriant and beautiful as a woman's, gave partial evidence. He was a good physician and rendered invaluable service to the settlers."[22]

He was born in Massachusetts, completed medical study at Berkshire College in 1822, practiced in Georgia five years, came to Macomb County in 1827.[22]

He was appointed "postmaster, Washington township, July 1836."[22]

Dr. Watson Loud, born in 1806 in Massachusetts, was school teacher and for a time Deputy Postmaster in Northampton; was graduated in medicine at Jefferson in 1833; located at Lapeer in 1840 and at Romeo in 1846. After 1852 he engaged in commercial pursuits and insurance.[22]

Dr. Seth L. Andrews, the father of the eminent George P. Andrews—journalist and accomplished physician of Detroit—was a native of Vermont (1809). He was graduated from Dartmouth in 1831 and in medicine from Fairfield in 1836. The same year he sailed for the Sandwich Islands as missionary and there remained for twelve years, returning with his family to the United States in 1848. Five years later he located at Romeo.

He had "a fine museum of natural history a large proportion of which was collected on the Sandwich Islands."[22]

The parents of Dr. J. E. Emerson were also missionaries in the Islands. He and Dr. George P. Andrews were close friends, there, and later in Detroit.

"Dr. Cowles was the first physician locating in Ann Arbor. He officiated in nearly every family and was regarded with great favor by all who knew him."[27]

On the organization of the First National Bank, Ann Arbor, in 1863, Dr. Ebenezer Wells, a pioneer physician, was made vice-president.[27]

"Dr. Carpenter came [to Romeo] in 1828."[22] He possessed an "adventurous rooster" that once upon a time consumed a batch of pills which had been set out of doors to dry. "Eating the last pill and walking proudly away" he "esteemed it a good joke and only crew the louder."

The narrator of the foregoing episode justly comments—"It surely might be safe to take the medicine which could not kill a chicken."

"Dr. Cyrus Baldwin came in 1830 bringing his family with him." He was "a man of sterling value" and successful. He died in Grand Blanc at an advanced age.[22]

Dr. Webster, Dr. Baldwin's son-in-law, came also in 1830 but soon died. He was of "rare professional attainment."[22]

Drs. Sabin (1836), Whitney, Powers, Andrews and Teed (1836) were among the old settlers of Romeo.[22]

The biography of Hon. James M. Hoyt, M.D., is that "of a nobleman who has gained eminence in the medical profession . . . a model to the young and a counselor to the aspiring."[34]

He was born at Aurora, New York, in 1817. Among his school teachers were Millard Fillmore and Mrs. Fillmore; he was graduated in medicine at Geneva in 1839 and settled the following year in Commerce, Oakland County. From thence he removed to Walled Lake, where he continued in practice for thirty-six years and until failing eyesight caused its relinquishment.

He has held the offices of school inspector, clerk, and supervisor and in 1858, and again in 1864, was elected to the State Senate, but was deprived of a seat on the latter year occasioned because "the State was all excited over the question of the counting or not counting the votes of the soldiers in the field."

He assisted in organizing the "now [1891] existing State Medical Society"; had membership in the Oakland County and State Pioneer Societies and the State Legislative Society.

"His pleasant home was built in 1852 on the banks of the beautiful sheet of water known as Walled Lake." He also owned a fine farm in Corunna township.[34]

Dr. Andrews, who kept a tavern, got the Governor on "a tour of the State . . . to see the wants of the people" inside the house, and "protected him from personal violence as any well-bred landlord should."[27] (Reminiscences by Samuel Pettibone.)

Statesmen owe much to doctors. What would Governor Horner have done, save for Dr. Andrews' strong arms, when greeted at Ypsilanti with the noise of cow-bells, old tin pans and log chains? Small wonder that he "beat it" not long after for Pennsylvania. It was a case of lack of political sympathy—President Jackson's men being all "Mason men." Old Hickory was out for Mason's scalp for his "audacity" in the Toledo war.

"Untold advantages are being reaped from our order" (Lafayette Grange of Lima), writes Dr. Henry A. Carr in a committee report. He was secretary of the Grange in 1880. He was born in 1822, graduated in medicine in 1845 at Castleton, Vermont; came to Michigan in 1846, located in Napoleon, Rowland, Manchester and in 1850 at Lima.[27]

"Dr. John Cuthbert, 'a gentleman of the old school' who had received a liberal education in Ireland, purchased a farm in Northfield. In the year 1836 he came on with his family. The doctor lived a retired life; books and authors were his constant companions. He tilled a small farm more for amusement than profit and died in the year 1860. The doctor was a first cousin of John Mitchell the Irish patriot."[27]

"Dr. N. S. Hallock came from New York to Northfield in 1833 where he practiced medicine for nearly forty-five years. He also kept a shop for the repairing of watches and clocks. His residence was near the lake, and his farm was one of the best in the township. It is said that Dr. Hallock never rode on a railroad train and what is more curious still was never in a railroad car."[27]

"The first night Mr. Williams spent in Washtenaw County was at the house of Dr. Lord." This was in 1828.[27]

Dr. Amos Gray, born in Vermont in 1804, was a student at Brattleboro for three terms; taught school for seven winters; "entered a medical college in Vermont and graduated from college in Pittsfield, Massachusetts, in 1830."

He came to Dexter, Michigan, in 1832; ministered to the cholera sufferers in Calhoun County "till the epidemic had passed." At the expiration of "seventeen years of his medical life" he was "converted to the other school and up to 1875 was a homeopathic physician of great prominence."[27]

"About the year 1842 a Dr. Rose, known as a Thompsonian, made a location at Saranac, and, practicing upon the neighboring inhabitants with feeble success until 1845, withdrew to more promising fields. Upon the heels of his departure came Dr. Taylor, an eclectic, who remained three or four years. After him there was a blank in local medical history until 1849, when Dr. John Brandt and Dr. Cyrenus Kelsey occupied the field. Kelsey left for California in 1850 and Brandt for unknown regions in 1852."[19]

Dr. John Jewett came to Lyons, Ionia County, in 1837. He had made a previous visit as prospector in 1832. Dr. W. Z. Blanchard located there in 1838.[19]

Dr. ——— Williams (a partner of the pioneer Rix Robinson) and Dr. Eastman were the first physicians in Ottawa County. Dr. Williams was a member of the "first Grand Haven Company started in 1835."

Dr. Eastman published the second newspaper in the county. He was a man of great ability and a "warm friend of the Indians."[24]

Dr. Eastman came from Maine to "the wilderness of Ottawa County" in 1835. He was born in 1798; was graduated in medicine in Boston.[24]

It is regrettable that he should have differed from his life-long friend, the Rev. Mr. Ferry, on the location of the county seat, but their "slight estrangement for this cause was but temporary." Dr. Eastman favored Eastmanville but the ecclesiastic won out.

For further detail concerning Dr. Eastman, "a man of great ability," physician, surveyor, judge, representative, see Chapter on "Extra-professional Activities—Judicial."

Among the residents of Portland, Ionia County, in 1843 (coming a year or two before), was "Moses B. Beers, the village doctor."[19]

Dr. Beers moved to Hersey, Osceola County, in 1876 and died the following year.[19]

Dr. Charles Singer and Dr. Gillespie practiced in Portland from 1845 to 1847 and Dr. F. G. Lee in 1848. Dr. William Root (postmaster, 1881) entered practice in Michigan in 1836, came to Portland in 1855. Other early physicians were C. A. Peters and John E. Smith.[19]

Dr. Thomas Green came from New York State to Greenville in 1845. Dr. J. B. Chamberlain and Dr. W. E. Darwin in 1850.[19]

"Dr. Wilbur Fisher, the pioneer physician in Smyrna, made is appearance in 1848 and directly upon his coming bestirred himself in the matter of providing a post-office" and suggested the name Smyrna—why is not known. He became postmaster.[19]

It is possible that the name is derived from a town in New York, a state whence came a large portion of Michigan's early citizenry. (C. B. B.)

Dr. George Pray, whose parents came to Michigan in 1825 when he was but five weeks old, was prepared for the University at Ann Arbor Academy and was of the first class in the Literary Department (1845).

He studied with Professors Sager, Douglas and Gunn in their "private medical school" and was graduated from Western Reserve in 1849. He began practice that year in Salem and in 1856 moved to Ronald township, Ionia County, where he purchased land and engaged in real estate business in connection with practice which involved many long and hard rides. Thirty and forty miles per day were sometimes traversed, corn enough for his horse being taken along. In 1881 he owned five hundred acres in the township; was representative in the legislature in 1879 and 1880, township supervisor fourteen years; was master or secretary of Woodland Lake Grange from its organization, and for four years was master of Ionia County Grange.[19]

Dr. Edward Dorsch (1822-1887) graduated in Munich in medicine in his twenty-third year and was a student of philosophy, botany and natural history. He was exiled in 1849 for his anti-government political views and came to Monroe. He was a staunch Republican and presidential elector on the ticket headed by Lincoln. He served one term on the State Board of Education and in 1862 was appointed pension examiner. During his service as such he prepared a draft "showing the course and effects of a ball on the human body," which is said to be in use by the Pension Department at "the present day [1890]."

He had the "head of a philosopher and heart of a poet." In addition to literary works elsewhere mentioned in this History, he published a pamphlet, "Parabasen," in 1875, and in 1884, "Lieder aus der Alten und Neuen Welt." He wrote "almost innumerable original poems" and on his death left a large collection in manuscript. He was a connoisseur in art and several thousand volumes of his valuable library were, after his death, donated to the University of Michigan.[23]

Certain of his writings are said to equal those of a Longfellow or a Whittier. A glance at the admirable portrait published in the above history substantiates the biographer's estimate that his head was verily that of a philosopher.

Dr. Robert Clark, who had previously practiced medicine in New York State, came to Michigan with William Kedzie in 1823. He was subsequently elected to the New York State Assembly and to Congress. Later he returned to Monroe and became register of the land office under appointment from General Jackson. His wife with eight children, the youngest aged but twenty months, followed, coming by hired teams to Utica, by the Erie Canal to Rochester, by teams to Buffalo, by the steamer Superior on Lake Erie, to Detroit, and by open boat, the "Firefly," to Monroe. Ague beset them the following year but under the skilful treatment of a young physician, Dr. Harry Conant, health was recovered. The latter, who survived Dr. Clark, paid a deserved tribute to the memory of one "whom he revered as a Christian, trusted as a man and honored as a physician." During the Jackson administration he lost the land office position, and returned to the practice of medicine with "accustomed skill but with abated enthusiasm." However, he found "pleasant occupation in cultivating his narrow French farm, in experimenting with fruits and grasses and in draining the lands." Like many another of his period, he "was a man of positive convictions and never lacked the courage to express them." He was originally a Democrat, "but found himself a member of the Whig party without needing to change" his principles. He was of "fine literary taste, an easy conversationalist, possessed of a keen sense of humor," but objected to the introduction of a flute and bass viol in the Presbyterian church. When the congregation rose to praise God with the sound thereof, he remained seated. He found himself out of harmony with the Masonic Lodge of Monroe "because men were admitted of loose principles and impure lives."[23]

The given name of the eminent Dr. R. C. Kedzie was apparently derived from Robert Clark.

Dr. Ephraim Adams (1800-1874) born in Bellows Falls, Vermont, was "bound out to a farmer with the understanding that he should receive a collegiate education." He was graduated in medicine from Dartmouth in 1822 and came two years later to Monroe, settling on the River Raisin where the "Indian and the pioneer French held undisputed sway." He entered upon medical practice and "struggled against poverty and ill fortune"; was once prosecuted for, but acquitted of, the charge of disinterring a dead body.

In 1827 he became Judge of the County or District Court, but at the close of the term resumed medical practice, caring "more for professional success than he did for the emoluments arising therefrom."

"A contemporary of the same profession" writes that "the poor of this county will never cease to mourn for him, and they never should, as he never waited for fair weather or moneyed remuneration when called by them."[23]

Dr. Tracy Southworth (1798-1843), born in New York State, a resident of Erie township, Monroe County, after 1836 and later a partner of Dr. George Landon of Monroe, met death by a fall from a barn.[23]

He was the first of three generations of highly worthy physicians all of whom met accidental death.

Dr. Joseph L. Tucker (1807-1880) born in Rhode Island, studied medicine at Castleton, Vermont, and at Yale, in the latter institution being a classmate of Professor Sager. He was licensed to practice by the Rhode Island Central Medical Society in 1834 and recommended "to the notice of the faculty and employment of the public" as physician with "all the rights, privileges and honors thereunto appertaining." In 1836 he was graduated at Yale and in the following year founded a home in Erie, Monroe County, where, thereafter, he practiced for thirty years. In 1840 he received a license from the Monroe Medical Society, signed by William M. Smith, "President P. L." and attested by Harry Conant, Secretary.

He was of Baptist faith, and after 1857 a Republican in politics. His death occurred in Petersburgh, whither he moved in 1868.[23]

Dr. Luther Parker, a successful practitioner of medicine and partner of Dr. Harry Conant for a number of years, settled on the River Raisin, Monroe County, after the war of 1812.[23]

Dr. Joseph Dazet, a native of France, settled upon the River Raisin, Monroe County, in 1784, and practiced among the French and Indians, the only inhabitants of the neighborhood. He died in Detroit in 1830.[23]

Dr. Wiliam Smith was surgeon of the Second Regiment of Infantry organized in Monroe County in 1835 "to repel with force whatever strength the State of Ohio may attempt to bring into our Territory to sustain her usurpations." Through threats to "treat 'em rough," Michigan was saved from alien invasion, and its pure citizenry protected from defilement. It is regrettable to learn from the History of Monroe County that even members of the noblest of all professions were subjected to positive discourtesies during this inter-state imbroglio. One Dr. Naaman Goodsell of Perrysburg was abducted by a Michigan band, insolently treated, compelled to ride a horse without a bridle to Monroe and there held prisoner until the following day. There was bloodshed. A deputy-sheriff Wood was stabbed. He would not trust one Dr. Jacob Clark but his findings were corroborated by Dr. Southworth of Monroe. He had acted with the usual professional conscientiousness despite his suspected "Ohio proclivities."[23]

Dr. Philip R. Toll (1793-1862), born in Glenville, New York, "was educated as a physician but never practiced as such only gratuitously." He transported freight on the Erie Canal, owning several boats, one of which he named "General Jackson," and another "New Orleans."[23]

Politics was politics in those days.

Dr. George Landon (1795-1874) came from Massachusetts to Monroe in 1831; he was a partner of Dr. William M. Smith for forty years.

He was elected county treasurer in 1869 and in 1862 was appointed surgeon of the board of enrollment for the first district of Michigan.

He was "charming in social life, gifted with a ready wit and an inimitable story teller"; was "a loving student of general literature and fond of the English classics"; was "abreast of the times in his profession, reading constantly the best foreign and home medical journals and books." Of "strict integrity" he "cherished a hearty contempt for meanness and duplicity"; he was an elder in the Presbyterian Church for many years.[23]

Dr. C. B. Stockwell, formerly of Port Huron, and Dr. C. C. Clancy of Port Huron have placed the Committee on Medical History under great obligation by compiling an exhaustive account of the medical profession of St. Clair County. Under other chapters will be found mention of the active medical men of a later period. Of the pioneers in practice before 1852 Dr. Stockwell has contributed the following sketches:

MEDICAL MEN OF THE EARLY DAYS

Our medical forefathers were men of courage and endurance, and they played with hardships—to them they carried no fear. To alleviate another's suffering took from the weight of their own burdens. Although Medicine was their calling, yet they were leaders in civic, educational and religious movements. They bore torches as did the preachers and the teachers.

The lives of these early men of medicine reveal to us something of the times in which they lived, the conditions they had to meet and how they met them.

Previous to the establishment of St. Clair county, in 1821, there is a record of but one physician having located in any of the sparse settlements within its boundaries, Dr. Harmon Chamberlain.

Dr. Chamberlain is on record as having arrived in Algonac in 1819, "just fresh from his studies." Within a year he moved to St. Clair and entered into practice of medicine—the first resident physician in that vicinity. He did not live wholly within his medical environment. He moved outside, for he was a man of affairs. Dr. Chamberlain held the position of supervisor of the township of St. Clair fifteen years altogether, at intervals between 1842 and 1863. He was sheriff of the county and state representative for two terms. A skilful physician, he displayed untiring energy in all of his work and is spoken of by one of the old pioneers as the "good physician and true friend."

He was always ready to help the early struggling settlers and so, with them especially, was a great favorite. Dr. Chamberlain died at St. Clair in December, 1865.

Dr. Amasa Hemenger settled in Newport (Marine City) in 1824. There he practiced medicine till his death, about 1840. Besides his interest in medicine he showed an interest in township affairs, for he was twice elected supervisor of the township of Cottrellville, in 1828, and again in 1831. When he first came to Newport he boarded with Capt. William Brown whose farm home was a little south of that place. Here Dr. Hemenger used about an acre of ground to grow poppies, from which he made opium, and lettuce, an acrid variety (Lactuca virosa), from which he extracted lactucarium for its hypnotic and anti-spasmodic properties. An old lady friend relates that "he believed in bleeding for most ills." As a physician and as a man, it is said he was well liked.

Dr. Johnson L. Frost was a practitioner in Clay township in 1830. How long he was in that locality, or what became of him, is not known.

In 1883, Dr. John S. Heath came to St. Clair with his father, Sargent Heath, who was a blacksmith and also a man of importance in the community. Dr. Heath, together with L. M. Mason, edited for some months, in 1835 and 1836, the *St. Clair Republican*, in addition to his medical work, but came to Port Huron in the latter year.

It seems not to have been uncommon in the early days for doctors to combine office holding with the practice of their profession, and we find Dr. Heath an unsuccessful candidate, in 1836, for the state legislature, and in 1840, for the office of sheriff. Failing in the latter, he taught school during the winter of 1841-1842, in the district school on the south side of Black River. In 1842 he was elected sheriff. After his term of office expired he engaged in lumbering in Huron county, with Peter F. Breakman, and in March, 1849, while returning in a small boat to Port Huron, he was drowned.

He married Marilda James, daughter of Horatio James, a well known pioneer.

In 1836 there settled in Port Huron a missionary and teacher among the Indians (who then had a reservation on the south side of Black River), appointed by President Andrew Jackson. He also served in the capacity of a physician, the first of whom we have any record in Port Huron, Rev. Norman Nash. Soon after his arrival the Indians were removed. The position to which he had been appointed being then devoid of duties, the missionary turned his attention more to medicine, and so his title "Reverend" was dropped by the pioneers and to them he became "Dr." Nash.

Nevertheless, for several years, Dr. Nash kept regular appointments for religious services in outlying districts. These services were carried on by him in an independent way. To the younger generation of his day there was something weird and mysterious about him, as he lived alone in a diminutive castle (as their vivid imagination pictured it, for it had a tower) in a dense wood where now stands Grace Church. His flowing locks brushed back from his forehead, falling in clusters about his neck, and his long frock coat gave to him a venerable appearance.

Little can be learned regarding Dr. John B. Chamberlain. He was a medical practitioner in St. Clair in the late thirties and was associated with his nephew, Dr. Harmon Chamberlain. As already mentioned, he was the first president of the first medical society formed in St. Clair county. The elder physician was not so much a "man of affairs" as was his nephew. A friend has placed on record one of his characteristics—a man "witty and sarcastic, who joked friends and enemies alike." He had a son, John D., who began the study of medicine in 1846, but later on, in the fifties, kept a drug store in St. Clair.

Dr. Alonzo E. Noble came to Port Huron in 1838. He had studied medicine under Dr. Stearns at Pompey, New York, and later had taken a medical course at Berkshire Medical College in Pittsfield, Massachusetts. His license to practice medicine in the state of Michigan was issued at Detroit, July 3, 1839, by the officers of the Michigan Medical Society, and is worded as follows:

> To all to whom these presents may come or in anywise concern: The President, Secretary and Censors of the Medical Society of the State of Michigan send greetings.
>
> Whereas, Alonzo E. Noble hath exhibited unto us satisfactory testimony that he is entitled to a license to practice physic and surgery;
>
> Now know ye that by virtue of the power and authority vested in us by law, we do grant unto the said Alonzo E. Noble the privilege of practicing physic and surgery in this state, together with all the rights and immunities which usually appertain to physic and surgery.
>
> R. S. Rice,
> Z. Pitcher,
> Edw. O. Spring,
> Censors.
>
> In testimony whereof we have caused the seal of the society to be hereunto affixed. Done at the city of Detroit this 3rd. day of January, A. D., 1839.
>
> Attest: J. B. Scovil, Secretary. Z. Pitcher, President.

Dr. Noble, like Dr. Nash, had two callings. After engaging in the practice of medicine for about twelve years in the city of his adoption, he abandoned it for the jeweler's trade, which he had learned before medicine drew him on. Dr. Noble and Dr. Nash lived out their years in Port Huron and both died at advanced ages in 1870.

The next prominent medical pioneer to locate in St. Clair County came via the military post, Fort Gratiot. Dr. Alfred E. Fechet, a young Frenchman, twenty-four years of age, settled in Port Huron after varied and interesting experiences. He had studied medicine and surgery at the medical school at Tours, and at the University of France, from which university he received his degree. Later, and at the then famous University of Heidelberg, he took a post graduate course. Returning to France he was appointed a junior medical officer in the French Army of Occupation in Algiers. His service there was short, as he became involved in a military conspiracy to restore the Bonapartes. The plot was betrayed; most of his companions were tried and sentenced, but although stationed in the interior of Algiers remote from the coast, he was enabled, through timely warning, to escape and finally reach New York with very little means.

A few weeks' trial practicing his profession in a strange land, the language of which he spoke but haltingly, brought the young French doctor to desperate straits. Fortunately at this time the government was seeking young doctors for service in the Seminole War in Florida, and Dr. Fechet luckily secured an appointment corresponding somewhat to the contract army doctors of recent years.

Service in Florida was short, as the command he was at attached to, a battery of the United States artillery, was ordered to Fort Gratiot. Dr. Fechet engaged in the practice of medicine in 1841 in the village of Port Huron nearby, which had begun to exhibit a healthy growth, and he was the first practitioner in the county to make surgery his especial domain.

Surgery was handicapped in many ways in those days. Ether and chloroform anesthesia were unknown, and asepsis and antisepsis were still back in the dark.

Dr. Fechet believed that doctors were called as much as ministers to a high vocation—that of relieving suffering humanity. He, with the high minded in the profession, believed that when a doctor was called to the bedside of the sick, no thought of the fee should ever enter his mind till after life had been saved, or suffering alleviated. Dr. Fechet died in 1869.

In 1836, Dr. Henry B. Turner, an eccentric rather crusty Englishman from Norfolk, came to St. Clair and remained there until his death in 1850. Although a man of good education and well informed in his profession, he did not care to practice much and lived a rather retired life. His daughter, Clementina, married H. M. Monson, who was a prominent resident of St. Clair in the early days.

The first physician who settled in Memphis was Dr. Jeremiah Sabin, in 1844. He continued in the practice of his chosen profession for ten years. In 1854 he moved away, leaving his practice to Dr. D. H. Cole. While in Memphis he built a saw mill, making use of the excellent water power which Belle River then furnished to run it.

Dr. Laban Tucker settled in Port Huron in 1845. A copy of the license to practice medicine, issued to him by the Medical Society of the State of Michigan, is on file among the records of the clerk of St. Clair County. He was one of the active members of the old Medical Society of St. Clair County and filled the office of secretary in 1856.

Dr. Tucker was interested in religious affairs, having joined the Congregational church shortly after locating in Port Huron, and thereafter was actively engaged in its support. He lived in a colonial house which he built on Military Street where the Boyce hardware now stands.

In 1846 there came to Marine City, then Newport, a physician whose record is unique, in that his years in the practice of medicine in St. Clair County have never been equaled by any other physician.

Dr. Leonard B. Parker had a medical life span which bridged fifty-eight years. He began his medical studies in St. Albans, Vermont, and continued them at Castleton (Vermont) Medical College, whence he graduated in 1843. After practicing three years in New York state he came to Marine City in 1846. At that time, and for some years afterward, he dressed in the old school fashion, wearing a blue swallow-tailed coat with large brass buttons and a tall stiff hat covered with long white fur—an "Uncle Sam" hat. (*See* biographic sketch, Page 281.)

Dr. Gilbert's name would have been Caleb Smith Douglas, if this name received from his parents had not been changed by the Massachusetts legislature to Solomon Gilbert, through his petition. He settled in St. Clair in 1845, where he began practicing medicine, although there is no record, in an old biographical sketch of him, that he was ever a graduate of a medical school. He continued to practice in St. Clair for fifty years, dying in 1895. He was never identified with any medical organization. For four years he served as alderman and for seven years as constable, the only medical man in St. Clair County who ever filled that office.

In October, 1847, Dr. John T. Travers, a man finely equipped for the work of his profession, was delayed in Port Huron on his way from London, Ontario, to Milwaukee, by a storm. The chance delay in Port Huron, then a village of 500 inhabitants, led him to establish himself in the practice of medicine there. He was born in Cork, Ireland, and was a graduate of the Royal College of Surgeons, London, England. He came to London, Canada, when he was about twenty-one years of age and remained there four years; then he located at Port Huron, where he spent the remainder of his days.

He possessed the proverbial resourcefulness and wit of his countrymen. The following incident will illustrate his resourcefulness: Being called upon, at one time, in haste to attend a very sick woman forty miles away, he went on horseback, taking what few things the case seemed to require. When he reached the place designated, he was called upon to hasten to a place a few miles beyond to see a man whose leg had been crushed by a falling tree. An amputation was necessary. Dr. Travers had no anesthetic—this was before the days of ether and chloroform; he had no instruments. Undaunted, he called for a grindstone and hammer. With these he prepared steel table knives and two-tined forks, fashionable in those days, and with these, a handsaw and little else, proceeded to do the necessary amputation.

As a sample of his wit, in the instance gruesome, the following is told: During a healthful season, being asked how he accounted for such a condition, he quickly replied, "Mulford [the one undertaker in the community] refuses to come down with the percentage."

Dr. Travers was active in the medical organizations of his day. He was president of the St. Clair County Medical Society in 1856, and president of the St. Clair and Sanilac Counties Medical Society in 1866. He died in 1870 at the comparatively early age of fifty, cut off while at the height of his usefulness.

In 1848 Dr. Charles M. Zeh settled in Port Huron and established himself in his chosen profession. He was a graduate, that same year, from Castleton Medical College, Castleton, Vermont, and had secured a license from the Medical Society of the State of Michigan to "practice physic and surgery."

He remained in Port Huron three years, identified himself with the first county medical society and proved himself a man of ability.

Owing to a disaster in the use of the new anesthetic, chloroform, an accident which still happens not infrequently even in expert hands, Dr. Zeh decided to move elsewhere, thinking his usefulness in the community was at an end. He turned over his practice to Dr. C. M. Stockwell, who had been engaged in medical and surgical work. In 1900 Dr. Zeh was still practicing medicine in Newark, New Jersey.

Dr. William Bell came to Port Huron in 1848. He was born in Quebec, Canada, in 1807 or thereabouts. He graduated at the University of Edinburgh. Being of Scotch descent he naturally sought a Scotch school for his medical education. After graduation he returned to Canada. He secured an appointment as assistant surgeon in the British Army and was ordered to Sault Ste. Marie, Canada, where there was a military post. While stationed there he met and married a Miss Armitage, whose grandfather, McKee by name, was an officer in the U. S. Army and was stationed at the "American Sault."

While serving at the military post at the Sault, Dr. Bell was ordered to accompany one of the Indian chiefs, sent on a special mission to Washington, D. C., to act as his interpreter.

After leaving the army Dr. Bell located at Malden, Ontario. Soon thereafter he moved to Port Sarnia, in the same province.

Coming to Port Huron in 1848, he occupied a little house, still standing on Michigan Street, No. 507. Later he built a house on the southwest corner of Park and Fort Streets, where he resided for a short time before his death, which occurred in 1852. This house is still standing and is in a good state of preservation.

Dr. Bell had seven children. Two daughters are still living in the West.

Dr. R. R. McMeens probably practiced medicine in Newport (Marine City) in 1848. He was secretary of the first medical society, but nothing more can be learned of his life or his influence in the community where he lived.

Nothing can be learned of Dr. Orange B. Reed except that he came to Newport (now Marine City) in 1839 and was one of its medical men.

Dr. Benjamin Dickey settled in St. Clair and engaged in the practice of medicine in 1851. He received his state license in 1849. He was born in the north of Ireland in 1808, where he received his literary education. We next find him in London, Ontario. He studied medicine later, and graduated at the University of Pennsylvania. Afterward he served as house physician in Bellevue Hospital, New York City.

Returning to London, Ontario, Dr. Dickey engaged in the practice of medicine for five years and then (1851) settled in St. Clair, where he pursued his chosen vocation until his death in 1865. He was reputed to have been "exceedingly kind to the poor, serving them without pay," "a brilliant scholar and a very skillful physician."

Dr. Cyrus Stockwell's medical life in St. Clair county spanned nearly half a century. He came in December, 1851, and died in December, 1899. He was born and brought up in New York state, where he received his academic education and taught school. In Binghamton, that state, he acquired a portion of his medical education in a physician's office. Later he completed a course at Berkshire Medical College, Pittsfield, Massachusetts, from which school he graduated in 1850. He practiced medicine in Friendsville, Pennsylvania, one year; in December, 1851, he moved to Port Huron, where he became the successor of Dr. Charles M. Zeh, who was then about to leave for an eastern location.

In 1862 a commission as surgeon of the 27th Michigan Infantry was voluntarily tendered him by Governor Blair. At the siege of Vicksburg he contracted typhoid fever, which left his health so broken that he was obliged to resign his commission and return home.

From 1864 to 1871 Dr. Stockwell served as one of the regents of the University of Michigan. For many years after the war he was acting assistant surgeon at Fort Gratiot (now a part of Port Huron) and United States pension surgeon for St. Clair county.

Dr. Stockwell never considered himself rugged, yet he proved to have a wiry constitution. Always fearing ill health, he always was watching for danger signals and acted promptly when they appeared. He accepted, in a way, Dr. Oliver Wendell Holmes' suggestion for securing longevity: "Acquire an incurable disease and take care of it."

Through long drives, forty to sixty miles a day frequently, and a great amount of night work, he became inured to hardships, as did his horses. There comes to mind some of the incidents of a drive of seventy miles, taken over the unsettled roads of spring, to see several patients. Among the incidents were roads paved (?) with logs (corduroy) and mud; swollen streams requiring the horse to wade through water at midnight belly deep to get to and across a bridge; a walk of five miles and return in the small hours of the night over a road impassable for his horse; and the coaxing of the horse across a bridge where some of the planks were being floated off by high water.

The horses of those days were taught to meet emergencies, and trained to travel long distances without marked fatigue. The vicious and ugly could stand the most "wear and tear," so they were the ones Dr. Stockwell almost invariably picked out for his stable. One such, a mare, the doctor hitched to a cutter one winter's morning at four o'clock and, with a friend, drove to Detroit, nearly sixty-three miles distant, and back again, reaching home at midnight of the same day. The drive did not phase the mare, for she was ready for work the next day. She lived to be thirty-seven years of age, and to the last years of her life required shackling, when descending any considerable hill, to prevent her becoming unmanageable. No horse can be found in Michigan today trained to such endurance as those of the pioneer days.

A favorite vehicle used by Dr. Stockwell in the earlier years of his practice was a sulky with a semi-enclosed top and wheels seven feet in diameter. This was ordered from New York state, where such vehicles (with a seat for one only) were popular among the doctors, but not among the people, who always expected a "lift" if "going your way." The people dubbed the vehicle a "sulky," unmindful of the fact that the name did not in any way indicate the spirit of the driver.

Dr. Stockwell's success as a practitioner was due to an inventive genius, a resourceful mind and the constant acquisition and application of the latest and best methods in medical and surgical treatment. He undoubtedly subscribed to more medical journals and invested in more works on medicine than any other physician in eastern Michigan.

Dr. Stockwell was probably the pioneer in St. Clair county in conservative surgery. He never sacrificed any tissue in treating a wound which could possibly be saved and made useful. Amputation of a member, though looked upon often as a brilliant operation in those days, was never resorted to by him if it could possibly be avoided. A noted surgeon once said "to amputate is to acknowledge defeat." This expressed the doctor's motives in his surgical work.

In the study of hygiene and sanitation, Dr. Stockwell spent much time.

When a system of sewerage was first agitated in Port Huron he was made chairman of a commission appointed by the common council to prepare a report embodying the most feasible as well as most efficient plan. The commission recommended a system of sewers which should have no outlet into Black River, but the lamentable stupidity of the members of the council led them not only to reject the plan but also to give it almost no consideration. Today the city of Port Huron is digging a canal at great cost, which could easily have been avoided if the plan presented by the commission had been adopted.

When possible, Dr. Stockwell made it a point to attend not only every meeting of the county and state medical societies, but also the national meetings held at various points throughout the country, from the Atlantic to the Pacific. At the organization of the Michigan State Medical Society at Detroit in 1866, he was elected its first president. Twice he was elected president of the Northeastern District Medical Society, twice president of the St. Clair, Sanilac and Lapeer Counties Medical Society, and once president of the Port Huron Academy of Medicine.

Dr. Stockwell's interest in educational matters led to his being chosen a member of the board of education, where he served several years in the seventies. A member of the First Congregational Church, he served as a trustee and as clerk of the society for over twenty-five years. His two sons followed him into the fields of medicine—Dr. G. Archie Stockwell, who died in Houston, Texas, in 1906, and Charles B. Stockwell, who is still† at Port Huron actively engaged in the work of his profession.

Dr. Jeremiah N. Peabody lived in East China where he practiced medicine from 1848, for about twenty years. His home was three miles north of Marine City. One who knew him, and is still living, says, "He was a large man, and very handsome," adding, "He was said to be an excellent physician." Dr. Peabody was the father of one son and two daughters, but they all died many years ago. The son married a daughter of Henry Whiting, of St. Clair. His wife inherited a fortune and in consequence, about 1878, the doctor moved to Detroit from the township of East China, and ceased the practice of his profession.

* * * * * *

DR. EDWARD ALEXANDER THELLER

A Brigadier General in the Patriot War of 1838

Of the "patriot war" of 1838-1839 a stirring account has been given by Mr. Levi Bishop.[31] Of a picturesque and colorful character connected therewith, Dr. Edward Alexander Theller, he writes, "his adventures might furnish the subject of an epic." Verily. And from the number of physicians who espoused the cause of the patriots one may well believe that it made a strong appeal to the humanistic as well as the patriotic and valorous side. The perplexities, difficulties, and troubles of mankind are matters of the doctor's daily solicitude and it is indisputable that he resents injustices, has dependable convictions of fairness and is strongly partisan though little subject to emotional storms and group prejudices which carry the unthinking from their feet. It cannot be maintained that physicians are superior to racial sympathies and class consciousness, but by and large they are judicially minded, generous and alive to the claims of the oppressed. (*See* biographic sketch of Dr. Nathan Town, Chapter VIII.)

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†At the time of writing.

Such claims were apparently valid for those in whose behalf the patriot war was undertaken and one can with difficulty repress indignation with the outgiving of a self-complacent American bourgeois who stigmatized the patriots as "scamps" and wished them all manner of evil. The war had its origin, says Mr. Bishop, in widespread disaffection "among the people of Upper and Lower Canada with reference to their domestic affairs and their relations to the mother country." Some of the causes of this disaffection will appear in the following extracts.

"In 1763 when General Gage, the British commander, drafted a contingent of French Canadians to aid in revenging on the Indians the massacre of the garrison at Mackinaw, the levies were treated as beasts of burden and set to work at the point of the bayonet."[31] (Robert B. Ross.)

"No correct idea can be given within the narrow limits of a newspaper (*Detroit Evening News*) history of the vexatious injustices practiced upon the French population. They were at one time denied the right of sitting as jurors and were in many respects a proscribed class."[31]

The cry was raised that "the French were plotting to throw off the yoke of England. More repressive measures were then inaugurated and the natural result was a bitter hatred between the people and the governing classes."[31]

In 1837 a revolution in Canada was in full swing. Dr. Thomas Brown was one of the disaffected and there was also Dr. Joseph Davignon of St. Johns, who, with another sympathizer, was arrested by a troop of volunteer cavalry sent from Montreal. "The sight of the two prisoners who were heavily manacled incited the French population to frenzy. The carriage containing the prisoners was stopped in the streets of Montreal, the cavalry dispersed and the prisoners rescued."[31]

The patriots in October 22, 1837, under the command of Dr. Wolfred Nelson, won against a detachment of British infantry and cavalry in a six hours fight.[31]

A reform party was originated under the leadership of William Lyon Mackenzie.[31]

During the Canadian rebellion of 1837-1838, the father of Dr. Theophilus J. Langlois of Wyandotte, was "an active member of the Revolutionary party and at that time was forced to seek refuge in the United States and like the subject of this sketch sought his fortune in California [in 1849]."

Peter Newkirk, the grandfather of Dr. Charles T. Newkirk of Bay City, was one of Mackenzie's partisans.

"When the rebellion in Lower Canada broke out he [Mackenzie] joined hands with Papineau and with Dr. John Rolph, a leading lawyer and member of parliament who had changed his profession to that of a physician because the venal 'family compact' judges would not give him fair play in his law cases."[31]

"The court house of Buffalo, part of which was used as an armory, was forced open by patriots, December 12, 1837, and 200 muskets taken. They were recovered by the United States authorities at Black Rock the next day with the exception of seventy which were taken over to Navy Island."[31]

"Meanwhile another rising took place at Oakland, fourteen miles west of Brantford, Upper Canada, under Dr. Charles Duncombe, an American by birth who had settled in Brant County, U. C., after the war of 1812.[31]

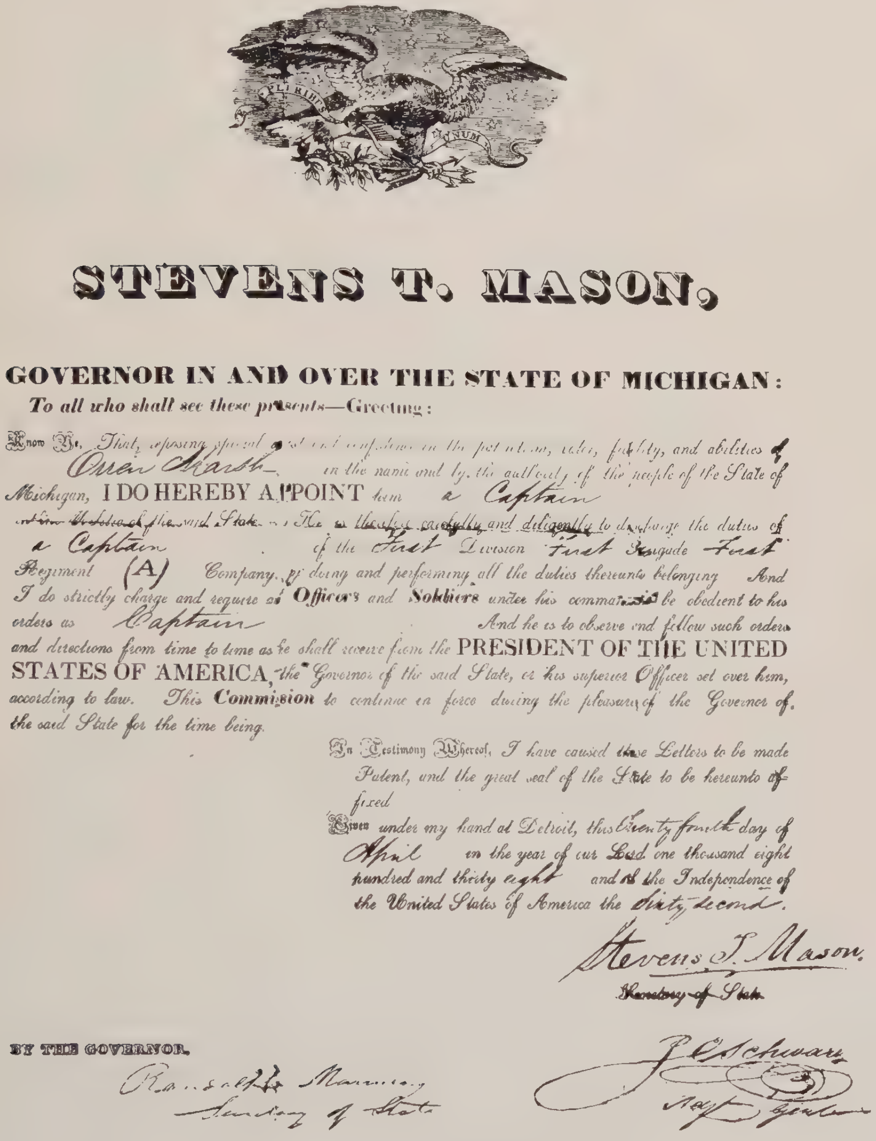
"Secret organizations for political purposes had been formed in many of the districts of Canada having affiliated societies on this side of the line. These took the name of 'Hunters' Lodges' and were scattered along the frontier from Michigan to Vermont."[31] (Bishop.)

"In this year [1838] occurred what was called the Patriotic War, an outbreak in Canada against the English Government which was naturally sympathized with by the idle and restless people along the border, and came near involving our country in war with England. To prevent our people from joining these insurgents, and to intercept the arms and ammunition sent to their aid, Governor Mason called out the militia, and he went to Gibraltar, a town of Canada opposite us, to persuade the Canadians to disband. It was then that the Brady Guards first distinguished themselves, a military organization of 1836, called in honor of General Brady, an old army officer much beloved in Detroit. The Canadian insurgents assembled again later, and the general government, to preserve the neutrality of this country, sent our General Scott with 1,000 regulars to coöperate with the English troops."[31] ("Autobiography of an Octogenarian"—Emily V. Mason.)

Details concerning Governor Mason's gesture of neutrality are related further on in this chapter.

It was the duty of the federal government, obviously, to preserve neutrality, but at that time the fatuous phrase concerning the relative density of blood and water had not been formulated and if any statesman had indicated that "in thought and deed" impartiality should be maintained, he would probably have been laughed out of court. At that period the blood of this citizenry (that of a part of New England excepted) had been so greatly impoverished by the war of 1812, the burning of the national capital and the atrocities of Indian allies of the British, that its specific gravity as related to that of overseas "cousins" was reduced almost to the vanishing point.

Indeed as late as 1882 at the time of compilation of the History of Macomb County, a contributor thereto is evidently in doubt as to the practicability of cousinly coöperation and glowing good will. He writes, "Where-ever the British flag floated, there was a prison for the people—not for the criminals. Immediately after the surrender of Hull, Christian Clemens, then a leading man in the territory, was captured by the British, carried to Detroit



STEVENS T. MASON,

GOVERNOR IN AND OVER THE STATE OF MICHIGAN:

To all who shall see these presents—Greeting:

Know Ye, That, reposing special trust and confidence in the patriotism, valor, fidelity, and abilities of Owen Marsh in the name and by the authority of the people of the State of Michigan, I DO HEREBY APPOINT him a Captain ~~in the Militia of the said State~~. He is therefore carefully and diligently to discharge the duties of a Captain of the First Division First Brigade First Regiment (A) Company, by doing and performing all the duties thereunto belonging. And I do strictly charge and require all **Officers** and **Soldiers** under his command to be obedient to his orders as Captain And he is to observe and follow such orders and directions from time to time as he shall receive from the PRESIDENT OF THE UNITED STATES OF AMERICA, the Governor of the said State, or his superior Officer set over him, according to law. This **Commission** to continue in force during the pleasure of the Governor of the said State for the time being.

In Testimony Whereof, I have caused these Letters to be made Patent, and the great seal of the State to be hereunto affixed

Given under my hand at Detroit, this twenty fourth day of April in the year of our Lord one thousand eight hundred and thirty eight and of the Independence of the United States of America the sixty second.

Stevens T. Mason.

~~Secretary of State~~

BY THE GOVERNOR.

Randolph Manning
Secretary of State

J. E. Schwarz
Adjt General

Courtesy Michigan Historical Commission

COMMISSION AS CAPTAIN AT THE TIME OF THE CANADIAN REVOLUTION, 1838

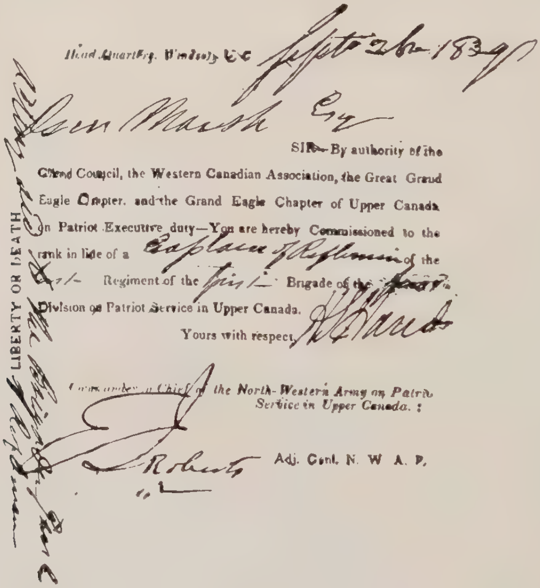
and confined within the old fort as a political prisoner, just as the British of today are doing beyond the Atlantic, *and would do here had not their power been crushed forever at least on this Continent."*

The reader will, it is hoped, pardon the italics inserted by the reviewer.

Much water has flowed without diluting the "great English speaking" contingent's blood stream during more than a centennial since Hull's white feather was displayed. Possibly what remains on both sides of the sea since 1917 is now of fairly uniform composition.

"The Canadian patriots claimed the sympathy of the early settlers of Ray. Intense was the feeling of the Americans that Great Britain was about to declare war against the United States. The people of Ray were among those prepared to treat Great Britain to another Yorktown. Weekly drill was held for six weeks under Captain Willey of Mt. Clemens. The Ray Company was present at the review held at Mt. Clemens, May 12, 1838."[22]

Notice of this "preparedness" program if it came to the attention of the British must have produced grave consternation in their ranks.



Head Quarters, Windsor, U.C. Sept 26 183[illegible]

[illegible] Marsh Esq

SIR—By authority of the Grand Council, the Western Canadian Association, the Great Grand Eagle Chapter, and the Grand Eagle Chapter of Upper Canada on Patriot Executive duty—You are hereby Commissioned to the rank in line of a Captain of Riflemen of the 1st Regiment of the first Brigade of the first Division on Patriot Service in Upper Canada.

Yours with respect,

Commander in Chief of the North-Western Army on Patriot Service in Upper Canada.

Roberts Adj. Genl. N. W. A. P.

LIBERTY OR DEATH

Another Commission in the Patriot War of 1838

The "Hunters' Lodge" and rendezvous in Detroit was the "Eagle Tavern" on Woodbridge Street. Every considerable town on this side of the border had an "Eagle Tavern" in those piping days of patriotism. The doors of the "spacious hotel" of this name kept by the "warm hearted and generous Mr. Heath" were flung open, and its tables spread bountifully for the hunters' entertainment. He exacted only from them what they were "able and willing to pay" and "spent a handsome fortune and reduced himself to poverty."

In the History of Grand Rapids, Page 559, it is recorded that "the first hotel was the Eagle, built in 1834."

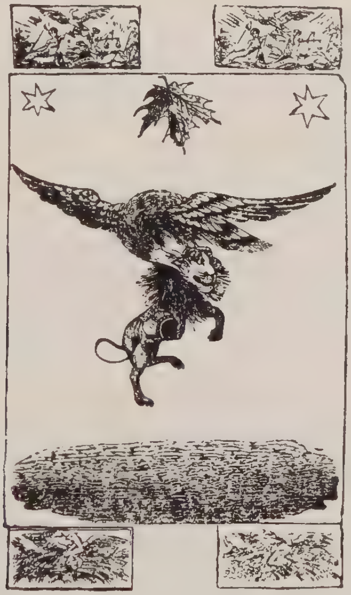
"Hurrah for the Grand River Eagle" read an advertisement in the *Ionia Journal* in 1843.

"This way stranger! Don't be scart at the large house. Try it once; that's what tells the story. Wanted, all kinds of produce in payment of bills of entertainment,—at the time would be preferable. I say Mister! where are you going with that load of lumber? To Avery's for he has done taking promises"

"Cash up your bar-bill on the spot.

A. AVERY."[19]

It is not difficult to believe that Dr. Theller was an Irishman (he was born in Colerain, County Kerry, Ireland, in 1804), or that he was "an enthusiast for anything opposed to Great Britain," or that his hair was red, although this is denied. "He was plump, full figured, black-haired with blue eyes, well formed hands, and high forehead and about five feet six inches in height." He was of good family, "was educated in an English college where he distinguished himself as a linguist and acquired Latin, Greek, Spanish and French, all of which he could speak fluently." He came to Montreal in 1824 and there studied and practiced medicine; was a comrade and classmate of Dr. Jean Oliver Chenier, also a revolutionist and one of the commanders on the patriot side during a sanguinary engagement in which the British soldiers became so much exasperated against the Canadians that they burned a church in which many had taken refuge. Of this episode, Marryatt, the English novelist who accompanied the British, writes feelingly, "It was a service of danger to attempt to save the life of one of these poor creatures."[31]



THE EAGLE AND THE LION
PATRIOT WAR OF 1838

Several years before this time, Dr. Theller, entertaining "a bitter enmity to British rule," acquired at an early age and "intensified by his residence in Canada,"[31] had moved to Detroit. This was in 1832 at the time of the cholera epidemic during which and in that of 1834 he gave excellent service. He was licensed by the Medical Society of the Territory of Michigan, September 28, 1835.

He acquired property, became active in practice, formed a partnership with Dr. James F. Starkey, an ophthalmologist who established the Michigan Eye Infirmary in Dr. Theller's store. Mr. Ross writes that Dr. Theller had patients at the Michigan Exchange, but "the atmosphere of that aristocratic hotel was not congenial to his sentiments or tastes." He was a confidant of Mackenzie and was early commissioned as Brigadier General of the patriot forces of the West, headquarters in Detroit.

"He was in joint command," writes Mr. Bishop, "on Hickory Island at the mouth of the Detroit River with Roberts and Hamly and Sutherland." He was taken prisoner at Sandwich and conveyed to Toronto, where, according to Ross, he was "sentenced to be hanged and quartered, but owing to the clamor of Irish sympathizers in Toronto and the surrounding country, and the clement policy adopted by the Earl of Durham . . . he was respited to await her Majesty's pleasure."[31]

Mr. Bishop's version of this episode is that he was convicted of treason on the "once a subject, always a subject" principle and led out to execution, but the regiment at Toronto "was filled with Irishmen who, looking straight at the substance of the thing stripped of its technicalities, saw that Theller was to suffer because he was an Irishman, and mutiny followed. Here there was indubitably no question of blood being "redder than water" as Sam Hellman, the story writer, has it.

As to the event at which Doctor-General Theller came to grief. 'Twas on an unfortunate expedition with the "little schooner Ann 'round the east side of Bois Blanc Island opposite Malden, with a few men and some three or four hundred stand of arms on board."[31] The schooner was fired upon, became unmanageable and several were killed and wounded and the whole party fell into the hands of the Canadian militia and Colonel Prince.

When the action was over Theller handed his sword and pistols to Lieutenant Baby with an "I surrender, Sir, to you." He was the "only patriot on board who wore a uniform and he had also a gilt star on his left breast."[31]

"Early next morning, Colonel John Prince of the Essex County Militia entered the building where the prisoners, some thirty in number, were confined.

" 'Where is Theller?' he asked. He was pointed to where the doctor lay sleeping on the ground with a billet of wood for a pillow. Prince strode up and kicked him on the ribs.

Theller, thus rudely awakened, sat up and recognized an old enemy. Prince once had difficulty with an Irish servant at Sandwich where he resided because, the servant alleged, he had demanded his wages. He came to Detroit and told his tale to Dr. Theller. On the next visit of Prince to Detroit, he was arrested and compelled to pay the debt. Theller says that Prince at that time vowed vengeance.

"The doctor, bewildered and indignant at the treatment, turned to Lieutenant Baby and said, 'I surrendered to you and claim your protection.'

" 'The Colonel is my superior officer,' answered Baby, 'and I have nothing further to say.' "

The prisoners, including Theller, were then tied to a long rope, the end fastened to a cart. Thus in the depth of ignominy from the Englishman's viewpoint, "tied to a cart's tail," they were marched to the guard house at Amherstburg.[31]

Dr. Theller, rather than be sent to England to "await her Majesty's pleasure," which translated meant deportation to Van Dieman's Land, planned with another, escape from their dungeon at Quebec, and osculated the fortress "good bye." On the dark night of October 16, 1838, they cut the bars and escaped to the edge of the fortification, dropped over the battlement, a distance of twenty-five feet, Theller spraining his foot in the enterprise. He found refuge with French Canadian sympathizers and evaded those who searched the town, including the Ursuline Convent. After partial recovery from the injury and part of the time disguised as a priest, he made his way by carriage and on horseback to Maine, a distance of ninety miles, thence to New York, Philadelphia and Washington. In the latter place, a "Hunters' Lodge" was organized of which four-fifths of the members were government clerks and officers.[31]

Theller returned to Detroit, December 4, 1838; published a small daily paper named *Spirit of '76 or Theller's Daily Republican Advocate.* After two years he moved to Buffalo, where cholera was raging, and resumed practice, and in 1849 departed for Panama, where there was an epidemic of yellow fever. After the plague abated he went to San Francisco. Here it was that he launched the *Public Ledger* and afterward the *Evening Argus* and where in 1856 by direct vote of the people he became superintendent of schools.[25]

Was this official position the restraining influence which kept him out of the Vigilantes organization? "I found a pamphlet giving the active members of the Vigilantes Committee of 1857 written 'By a Pioneer California Journalist.' I do not find the name of your subject mentioned in this work," writes Dr. C. W. Mack of Livermore, California, who has made diligent search. This is in a small way a disappointment to one of the members of this Medical History Committee who visualized Dr. Theller as a moving spirit in this extra-legal and wholly commendable enterprise. Or had he, in spite of his taste for trouble, had enough of the vicissitudinous in his short lifetime?

He was 55 years of age when death took him in Hormitas, California. His memory should be preserved; his place in history is among the soulful and that is the reason for this lengthy biography. His inspiring companionship and example doubtless motivated the "nervy patriot," who with shattered arm was brought to Dr. Hurd's office in Detroit for amputation. Anesthetics were not in use in those days but Armstrong never uttered a groan during the operation and when it was finished he picked up the arm, waved it around his head and said "Hurrah for the Patriots! I'm willing to lose another arm for the cause."[8]

And reputations were often suddenly blinked in those pre-pacifist days. Marryatt, who at Toronto had been tendered a reception and banquet and responded to a toast eulogizing Captain Drew "who cut out the Caroline," subsequently visited Detroit. "He was made much of by the army officers, officials, and prominent business men, but the sympathizers with the patriot cause denounced him bitterly." A bonfire was made in front of his entertainer's house and all the copies of his works that could be gathered together were burned. "The Captain took the hint and left town."[8]

Asa C. Dickinson, father of Don M. Dickinson, one of the patriot colonels, was wounded in an engagement at Navy Island in 1837.[28]

The "Caroline" above mentioned was an American steamer "used in transporting men and supplies from Schlosser on the American mainland to the [Navy] island. On the night of December 28, 1837, a party sent by McNabb, cut out the Caroline as she lay at Schlosser, set her on fire, and she went blazing down the stream. She sank, however, before reaching the falls and only some charred pieces of her woodwork went over the cataract. Navy Island was evacuated on January 13, 1838, and most of the patriots proceeded to the Detroit river."[8]

"The Ann drifted ashore at Elliott's Point and Colonel Radcliff, who commanded the militia, sent a party to seize her, and she was captured with all on board. Governor Mason went down the river twice at this time but did nothing in the shape of enforcing neutrality except to come back again."[8]

"A small steamer, the Caroline, was to be used for this purpose [invasion of Canada], but when lying at the American shore in the Niagara River, she was seized by an expedition from Canada and sent over the falls. A citizen of the United States was killed in the affray and the excitement did not die out in a moment. Three years later Alexander McLeod came from Canada to New York and openly claimed the honor of having killed the American."[3]

Dr. Theller was the author of a book entitled "Canada in 1837-1838." It is a good gamble that it is rich reading, but it has not yet come into the possession of the writer.

In an appreciation of one Mr. H........ given by an ex-governor at a Pioneer Society Meeting in 1892, there is this, "I was very much struck with the account of the man who went over into the Canadian war; he took care of Mr. H............ when he was sick. He said to me that he saw that man from Detroit hanged; a man who had been his friend and taken care of him, and the tears rolled down his cheek when he told me of it." If, as appears probable, allusion is here made to the interesting subject of this sketch, it furnishes liberal confirmation of the age-old adage concerning the essential inutility of lachrymal overflow in emotional expression. Brigadier General Doctor Edward Alexander Theller was not born into the world to leave it ungracefully. Peace to his ashes at rest in sunny California, "after life's fitful fever."

* * * * * * *

Detroit Directory 1846

Believe it or not, I've no intention of revealing to the world any professional secrets. I have had under care several patients whose names appear in the "Directory of the City of Detroit and Register of Michigan for the year 1846 By James H. Wellings, Copyright Secured." Query: Is anything secure?

The following physicians are enumerated:

Joseph H. Bagg.
William Bennett, Michigan Gardens (Where?).
—— Breck.
R. Brown, Michigan Exchange (a hostelry that Dr. Theller thought too aristocratic).
Franklin Cavalli—he of the "museum."
T. B. Clark—(He had a "clerk").
Eliphalet M. Clark.
H. P. Cobb.
Edmund G. Desnoyers—who was also apothecary and pharmaceutical chemist and "always prepared to manufacture any chemicals that may be ordered. He keeps on hand the rarest medicines, many of which he has had imported" from Paris. Attention is called in his advertisement to "berberine, a valuable substitute for quinine," and others. He also has "perfumery in the greatest variety and at all prices."
E. B. Donnelly.
—— Ege.
John Ellis (Homeopathist).
—— Hall.
O. Hill.
Eliphalet M. Clark.
Anthony Kaiminzky.
William Large (Root Doctor).
—— Lemcke.
—— McCosker[†]
—— Mott.
—— Perrez.
Zina Pitcher.
—— Pool.
Randall S. Rice.
—— Russell.
—— Scovel.
—— Stebbins.
Marshall P. Stewart.
M. Stewart.
—— Terry.
—— Tripler (U. S. Army).
Wheaton and Ellis.
M. Philip.
—— Wood (U. S. Army).
—— Zinck.

John L. Whiting had apparently retired from practice. His advertisement appears with Adams in a Land Agency.

[†] Compare name, Chapter III.

Judge B. F. H. Witherell, was a son of Doctor and Judge James Witherell (*See* "Extra-professional Activities"—Judicial).

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17. History of the City of Grand Rapids—Baxter.
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20. History of Jackson County.
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Chapter VIII

Sundry Anecdotes and Brief Biographies of Pioneer and Early Physicians

"So in the studie wherein I treat of our manners and motions, the fabulous testimonies, always they be likely and possible, may serve to the purpose, as well as the true, whether it hapned or no."

—MONTAIGNE.

CHAPTER VIII

Sundry Anecdotes and Brief Biographies of Pioneer and Early Michigan Physicians

By C. B. Burr, M.D., Flint, Michigan

THERE is a lengthy and interesting requisition for medicines and supplies for His Majesty's Garrison at Michilimakina (*sic*) printed in "Michigan Pioneer Collections," Volume XI, Pages 417 and 418.

There are cathartics, sedatives, rubefacients, escharotics, plasters, gums, mercury in different forms corrosive and other, unguents, stimulants: of instruments, "1 pr. straight scissors, 1 dressing probe, 1 pocket spatula, 1 set Teeth Instruments, 2 Lancets, 1 clyster syringe, 2 Penis Syringes, 4 clyster pipes for boys," with lint, Tow, Old Sheets, Phials, Corks, pill boxes and Gally potts [*sic*]."

Post-Revolutionary War conditions in Detroit were, to say the least, chaotic. Judge Woodward writes November 5, 1806, "A public officer is called upon here not only to do his part of public duty but to defend himself privately against the low animosities of turbulent uninformed men for so doing. He cannot walk or turn a corner on the streets without being assailed by the most vulgar and insolent abuse.

"A gentleman of the first influence of the country has declared in the streets of the town *that the first law that is passed that does not please* him he *will kick the government to hell*."

"A justice of the peace tells a citizen *if he builds a house he will set fire to it*."[33]

It is positively painful to record such damaging allegations, and soft-pedalling would be expedient except for the lesson which this history attempts to convey of the leavening influence exerted by pioneer physicians in this lump of unrighteousness. Confirmation of the regrettable conditions comes from both lay and clerical sources. The moral handicap had long been in existence and the problem that the profession faced in inculcating and holding aloft high ideals was difficult in the extreme. What happened to the worthy Dr. Packard in '29 and the occasion of the removal of the Capitol in '47 appear in the context but the seeds of evil were sown more than a century earlier. For Detroit, fate was in it.

Rev. Father Cherubin de Nion (a Franciscan friar), Recollet and missionary at the Fort of Detroit, writes to Cadillac, who was then at Quebec, August 24, 1711:

"In fact, Sir, Detroit is all in commotion both within and without order and subordination whether spiritual or civil no longer exist, nor respect for authority political or ecclesiastical. M. Dubuisson has had the fort cut into halves, has turned Madame out and also the Church, and, consequently, me with the six chief families here, namely de Lorme, Parent, Mallet, Roy, Robert and Campos."

He naïvely adds, "I have forgotten the surgeon *who is not less necessary than the interpreter*."

The italics are the reviewer's and it seems desirable to add in the words of that incomparable anatomist and teacher, Professor Corydon L. Ford, "it isn't the first time" (or the last) that commentators on important events "have forgotten the surgeon."

As elsewhere appears, Harriet Martineau found conditions in Detroit in the thirties much to her liking, but it should be remembered that Harriet was hard of hearing and local gossip may not have reached her auditory centers.

In this connection it is perhaps noteworthy that in welcoming the Michigan State Medical Society in 1879, Dr. William Brodie confined himself to material matters. He averred that Detroit "In salubrity has no equal, furnishing her people with an abundant supply of clear and wholesome water, with an extensive sewerage, reaching from the river to her northern limits, located in almost every other street that runs north and south, and these traversed with laterals in almost every alley, thus draining every house and carrying the washings into the river where it is lost in the broad expanse of Lake Erie."

This was fifty years ago. "Broad expanses" shrink in the fullness of time and Dr. Brodie's remarks are of more than passing interest in view of the recent squabbles in the common council of Detroit over sewage disposal, a contention which has involved as well the Health Department and the various public prints.

Later in the meeting, Dr. Brodie moved a vote of thanks to Messrs. McMillan and Company for furnishing so liberal a supply of mineral water to the members in attendance. This naturally raises the query why, if the water supply was so delicious and ample, mineral waters were necessary. Can anyone furnish an explanation? Septuagenarian sojourners will be allowed one guess each.

"The President, Dr. Edward Cox of Battle Creek, presided" at this, the fourteenth annual meeting. "The Rev. R. W. Clark offered the conventional prayer on such occasions," and "Dr. Wm. Brodie, Chairman of the Executive Committee, delivered the conventional welcoming address. We would say of the latter, *en passant*, that it was one of the best addresses of this nature that was ever inflicted."[32]

Dr. Mulheron was evidently much impressed. The reviewer desires to call attention to the use of the term "inflicted." Editorial comment sometimes rises to inspirational heights.

Honorable Stephen S. Brown said at a meeting of Kalamazoo County pioneers, August 25, 1880, "Fifty years ago the spot on which we stand had but just emerged from the undisputed possession of the redman and the rude tamarack cabin of Titus Bronson was the only evidence that the foot of the white man had ever trodden upon the beautiful plains of Kalamazoo." Titus Bronson was "formerly proprietor of the village of Bronson." He had sold his interests there to General Burdick and others, who proceeded to substitute the name Kalamazoo for Bronson; whereat the irate Bronson "declared he would not live there . . . A most droll and original genius was Bronson." Although a hotel-keeper in Davenport, Iowa, in 1837, he "hated rum and all its works."[33] He was familiarly known as "Potato Bronson" from his having introduced a variety of this vegetable, the Neshannock or Meshannock.

"The proprietors of Jacksonburg have not as yet placed on the records of the County the plan of their village—as soon as it is done, I will forward a certificate as suggested by your Excellency."[33] (John Allen, Ann Arbor, Jan. 24, 1931, to Governor Cass.)

Dr. Benjamin H. Packard of Ann Arbor came on to "Jacksonburgh" in the fall of 1829 with a party of friends, "land seekers" from the State of New York. They reached the east bank of Grand River in the evening and spent the night in a kind of shanty, made of bushes by "Potato Bronson."

There were seven in Dr. Packard's party who "ranged over the country up and down the river." Finally, I. W. Bennett selected the water power where the first saw mill was afterward built, and Dr. Packard located the land. The doctor also located a tract of land on the west side of the river adjoining the Blackman tract. In the winter Dr. Packard went to Detroit and secured the appointment of three commissioners who came to Jackson and stuck the stake for the Court House on Dr. Packard's land where the Central Union School House now stands.[33] ("First Settlement of Jackson" —Mrs. Mary G. DeLand.)

The doctor brought the commissioners from Ann Arbor in a wagon. When he returned he made a map of the would-be city and took it to the Register's office and also sent out a glowing hand-bill written by Gideon Wilcoxen, who was "almost irresistible before a jury,"[26] proposing to set off ten acres for the future capital of the State. But the map was stolen, and through Detroit influences a new set of commissioners . . . was sent out in June, who removed the stake to where the Court House now stands and at a later day the State Prison instead of the State Capitol was given to Jackson."[33]

Always the same—then as now—machinations of the unrighteous to thwart laudable efforts of the physician. Always the sinister influence of the metropolis as against the "out-lying districts." Here was a philanthropic physician as forward-looking as any of those now composing the serried ranks of the realtors. He was evidently too confiding. He doubtless trusted some unworthy citizen of this territory and the map was lost. But, after all, though Dr. Packard did not achieve a lofty ambition, high type morality prevailed to prevent a disastrous situation, as we shall see.

"Detroit was the capital of the state until 1847 and people wondered why it was removed. I think I can tell: it was because the citizens here wanted it removed. Whatever can be said about subsequent legislatures, it cannot be denied that they have preserved the semblance of decency, but the orgies held in the old capitol on Capitol square, rivaled in coarseness if not in variety, those of the Palais Royale just before the French Revolution. The influence of the members, many of them bright but dissolute men, was such that fathers and mothers prayed that the canker, as they called it, be removed, lest their sons come to believe that to be considered brainy they would have to be known as immoral."[33]

As everyone knows, the capital was removed from Detroit and not to the source of the Grand River. Near the confluence of the Grand and Cedar a capital emerged at Lansing from the womb of the wilderness. This since 1861 with one or two unaccountable exceptions during intervening years has given housing to Republican administrations whose weather eye upon Detroit has safeguarded the Michigan citizenry.

It is a source of genuine pleasure to record that Dr. Packard's activities were not limited to the speculative. He evidently possessed the confidence of those in the adjoining county whose land values would have been augmented had not his plans gone aglee. "Fortunately, we all enjoyed excellent health," says Mrs. DeLand. There "were but two cases of sickness in the village that season. Hiram Thompson and George B. Cooper were both very ill and we were obliged to send forty miles to Ann Arbor for a physician. Dr. Benjamin H. Packard was the physician called and his was the first professional visit in Jackson County and the only one that year."

Among those in train of the marshall for the Fourth of July celebration in Jackson, 1830, was Dr. Benjamin H. Packard.[18]

Verily, it is regrettable, but the fact is that deception, even in rural districts in an early day, was practiced upon the unsuspecting. Mr. Brainerd reveals in "A Pioneer History of Grand Blanc"† that "before night, we selected, as we supposed, eight lots, but on returning Mr. Smith said he had taken up one of the lots and as that one was one of the lots we had selected we concluded to look elsewhere again—but his selecting one of the lots was a hoax, and we did not know it at the time. The lot suited him so well at the time of seeing it that he desired it as his and afterwards obtained it."

"My companion for the winter, is a clerk, a hot headed Irishman, who had received a liberal education, and was by profession a physician. But he had turned all these advantages, to his disadvantage. His art *was used to gain the good will* of the Indians, for they generally look *up to such with*

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†*See* Chapter V.

a great deal of respect. And not a day passed without extracting teeth and bleeding and our having a small quantity of medicine whic[h] was freely administer[e]d to all who applied for it; and the dread and respect they have for medicine men, naturally drew respect from them, and they formed the idea that our medicines *were combined*, the White and Indian together. Everything aided to win the respect and esteem of our Indian friends; and my Companion being an excellant [*sic*] musician, we had the means of soothing their savage breasts, although frequently there was only two strings to the violin."[33] (Letters from William Johnston to his sister, Mrs. Schoolcraft.)

The published records have not revealed to the History Committee the name of this musical medical man or cleared up the "advantages" and "disadvantage" ambiguity.

VORACITY AND VERACITY

Expanding in appreciation of a "Doctors Social" at the residence of Dr. Morse Stewart, president of the Wayne County Medical Society in 1868, Dr. Jenks, one of the editors of the *Detroit Review of Medicine and Pharmacy* writes (Volume III, Page 216), "While we do not wish to be understood as advocating late suppers and gormandizing, as hygienic measures, we believe it an established fact that evening social gatherings are incomplete without something to please the palate's fancy."

Apropos the above, now if the reader pleases, a brief excursion afield —this time to England, a recent popular resort for American tourists. The following is here related as bearing upon the deplorable customs of that locality in contrast with those of the abstinent Middle West—of which Michigan is an outstanding example since the Eighteenth Amendment performed its perfect work—also as an illustration of the journalistic enterprise of the *Detroit Review of Medicine and Pharmacy* in the sixties.

Dr. Fordyce (not to be confused with the late Fordyce Barker) must have been thoroughly alive to the "palate's fancy" if the article there published on "Digestibilities of Food" is *veracious*.[4]

"Regularly at four o'clock of an afternoon, he [Dr. Fordyce] would present himself at 'Dolly's Chop House' and take his seat at the table reserved for him. Immediately on his arrival the cook would place a pound and a half of rump-steak upon the gridiron, and while it was cooking the doctor would amuse himself with some such trifle as half a broiled capon or a plate of fish, and a glass or two of brandy—his regular allowance being a quarter of a pint. Then came the steak with a full accompaniment of bread and potato, and it was always served with a quart of strong ale. This was followed by a bottle of old port, and when the dinner was finished, as it invariably was in an hour and a half, he walked leisurely to his rooms in Essex Street in the Strand where he met his class and gave his lecture on chemistry."

It is perhaps a duty to allay the apprehension of dietitians and prohibitionists by the further statement that he took "a single meal a day."

Criminal Abortion

The subject of criminal abortion received no little attention in the Wayne County Medical Society in 1867. Dr. Morse Stewart discusses it from the physiologic, sociologic and religious sides; Dr. Chas. H. Barrett† of Detroit as "A Cause of Insanity," Dr. E. P. Christian, from the standpoint of "The Pathological Consequences Incident to Induced Abortion." The matter is also treated editorially, inspiration being found in a letter from a quack who wished to sell to the profession, for $12,000, a "Preventive" stating that "an old French woman who has washed for me for eight years give [*sic*] me the information about four years ago." The editorial very justly voices the hope that through the storm of indignation aroused "Michigan will be purged of his polluting presence."

Dr. E. W. Jenks waxed eloquent upon the subject. "The fœtus is the receptacle of a human soul. Its life is destroyed by violent means. What name other than murder can be given to such an act?"[4]

In an editorial in the *Detroit Lancet* in 1882 attention is called, apropos the failure of conviction in this State for criminal abortion, to the substitution in Massachusetts for the old coroner system of "examination of every suspicious case of death by men who are at the same time learned physicians and persons of the strictest integrity." Under that law, "practically three out of four cases have been convicted in Boston" and "another case is in court," which is "quite sure to join the former three."

There was proposed in Michigan as long ago as 1879 legislation to the end that "all coroners shall be learned physicians, and shall be paid a definite sum for their services."[3]

Possibly before another half-century rolls 'round such a reform may be effected, but scattering sunshine and radiating so-called "optimism" are not the sole purposes of this History and "hope" will probably be indefinitely "deferred." There are too many lawyers who scent the danger of invasion of constitutional rights.

Dr. Allen C. Dutton of Eaton Rapids, born in 1823, was educated "in the district schools and a higher institution at Ann Arbor and taught three terms during which Governor Winans was one of his pupils."

He was a pioneer physician; studied medicine at Ann Arbor and Detroit, was graduated from the Western Reserve, Cleveland, in 1848, began practice in Stockbridge, remained there until June 1856, then moved to Eaton Rapids. After 1864 he "laid aside powder and potion and turned his attention to mercantile and banking pursuits; was vice-president of the First National Bank; for about twenty years member of the school board; was a Republican.[36]

"Our subject is one of the leading physicians and surgeons of this county. In politics he is a rank Prohibitionist and has been such since 1882."

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†Not to be confused with A. M. Barrett, who at that time had not been ushered into the world.

When a lad he attended school in a log schoolhouse with benches "made of split trees."

"The nearest school was two miles from where our subject's parents lived and at best was but a crude affair, the rod playing an important part in school discipline."

The foregoing items are extracted from the biography of W. J. Mills, M.D., whose parents came to Washtenaw County in 1845, and to Livingston in 1848. In view of it all it is gratifying to read[37] that in 1891 he was the owner of a "fine brick block on Main Street" (Howell), also "four fine houses," a residence, "24x60 feet in dimensions with a fine barn and outbuildings," which is "surrounded by a velvety lawn and rare and beautiful shade trees." He studied the "eclectic system" and the "homeopathic system" and was graduated from the Detroit Medical College in 1864. He was a partner of Dr. Huntington for two and one half years.

In view of the fact that "in 1887 he suffered a backset in his business by being burnt out," the obvious prosperity indicated in preceding paragraphs is noteworthy. Whether any augmentation of income was due to stockholdership "in the Publishing Association presided over by the Seventh Day Adventists and which is located at Battle Creek, Michigan," doth not appear.

Dr. John R. Shank was the "leading physician in Kalamo," and a student with Dr. C. M. Putnam, "the leading practitioner in Flint." He entered the medical department of the University of Michigan, "giving his attention to homeopathic methods and principles," was graduated in 1884 and before moving to Kalamo practiced in Bay City and Imlay City. His wife's endowments, both spiritual and intellectual, are praised by his biographer. The doctor was sometime health officer, insurance examiner, a Knight of the Maccabees, interested in horse-raising, and a convinced Republican.[36]

It is discovered that not a few physicians, according to biographic notices, have been "generally conceded" to be the leading among medical practitioners in their respective fields of activity. Horace D. Hull, born in 1840 in New York State, was of this number. He studied two years in Hobart College, Geneva, and in 1870 was graduated from Hahnemann Medical College, Chicago, "with the honors of his class." As all good physicians should be, he was "very careful in diagnosing diseases, studiously notes the changes in symptoms and considers well what remedial agencies to employ." Why he abandoned dentistry, at which he worked "some ten years," does not appear. The biographic notice records him as a Knight Templar and Knight of Pythias, politically independent and of a jovial nature.[36]

Dr. William Miller, "ever since coming to Lansing has remained at his original location having built there in 1864, and since that time he has always enjoyed a large and interesting practice. For the past six months he has refused work, devoting himself to the treatment of chronic diseases and the manufacture of his well-known remedies that have made a reputation for being most effective." Of these he has had "heavy sales" and in connection therewith he has been burdened by "oversight of the agents who have been sent out through the country."

He was born in 1826 in Pennsylvania, married in 1850 to one who from youth had been a member of the Presbyterian Church and who "so familiarized herself with diseases and the pharmacopœia" that she greatly assisted her husband and practiced independently until she was attacked with the *fatal* disease which *caused her death*.†[37]

Dr. Miller had "climbed the ridge of life [in 1891] and from the eminence at which he stands can look back proudly over a past spent in usefulness." He "may be called a pioneer in the profession."

The biographic sketch contains the information that "youth is more egotistical and bigoted than age."

Q. E. D.

It is sometimes felt that in contest with the *bête noir,* quackery, the present medical generation's hardships are greater than can be borne, and one is led to exclaim, "How long, Oh, Lord, how long?" The contemplation of the following excerpts, however, from books and publications copyrighted in 1850, published in *Michigan History Magazine,* 1927, is heartening and should strengthen failing courage materially. The pioneers had much with which to contend.

> "Hiliker's infallible Receipts for the Cure of Hydrophobia; Prepared and Sold by Daniel Hiliker."
>
> By D. B. Cook: "Chronicles, being a history of clairvoyance in the St. Joseph Valley. Murder of Selah T. Martin with full particulars. His body in the River—The Search—His final resurrection and restoration—Great commotion among the people. Dedicated to Timothy, the wine-bibber by Darius, the Scribe, as a token of admiration of his Aboriginal knowledge in the sincere veneration of his years."
>
> "Doctor Book for the Million, Containing Directions for using Congress Tonic Liver Pills, which cure without fail Asiatic Cholera, Cholera Morbus, Diarrhoea, and all kinds of Bowel Complaints, Sea Sickness, Bilious Diseases of Every Kind, Scrofula, and all Diseases arising from Impurities of the Blood, Nervous Diseases in all their Varieties, Female Complaints, etc. etc."

Dr. Peter White of Detroit was critical and evidently a classicist. Inveighing against the too frequent use of the term "psychology" he defines it and adds, "How then can it be used in connection with the pathological changes in the nervous system? What meaning can be attached to such terms as the following, *viz.*, 'psychological medicine,' 'psychological journal,' etc., etc."[4]

Fortunately for his peace of mind he was spared the twentieth century "salesman's psychology," "mob psychology," "industrial psychology," "movie psychology," and so on without end, to say nothing of the "behavioristic" type.

The life-saving authorities should acquaint themselves with "The Proper Method of Using a Board in Resuscitating Persons Asphyxiated by Drowning." The distinguished pioneer physician, Dr. J. H. Beech of Coldwater, long ago revealed this in the *Detroit Review of Medicine and Pharmacy.*

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†Italics are the reviewer's.

The Erie Canal boat's "every-inch-a-Captain" was at the "right spot on the 'towpath' when the body was hauled out." The body "was lying nearly upon the face" and "Lilliput might as well have lifted at the 'Cardiff giant.' " So he called for a barrel from the boat and with one hand "grasped in the hair," the "patient's breast was brought up on the barrel and the body drawn forward till the thighs came against the rolling barrel; then directing others to carry the feet backwards, the body was allowed to ride from pubis to clavicles upon the rolling barrel."

There were various other activities in the line of whipping and friction which should be made part of the boy scouts' curriculum, and it cannot be too carefully enjoined upon them to tote the old cider barrel along on excursions to the "open spaces." For nothing succeeds like success. The captain at the appropriate juncture ordered some citizens to remove the late moribund to bed and see that he was "warmed up d....d good." Although the boat moved on shortly after 9 A. M., the belated and much rolled passenger overtook it on foot at 5 P. M., declaring that he was "never so tired and hungry in his life."

Dr. Oliver Russ "made Jacksonburgh his place of residence in November, 1830. He built a log house on the northwest corner of Van Buren and Jackson Streets. He immediately commenced the practice of his profession, soon gained the entire confidence of the community and continued a successful practitioner up to the time of his death."[33]

In 1831 he built a log house for his brother, carrying on his back from Bennett's saw-mill, over a mile in distance, the "boards for the doors and casings."

He left behind him pleasing recollections, being "one of that original type of men who invested the veriest trifles with interest by his manner of treating them."

He was brusque but very kind hearted and charitable. In 1832 when there were several cases of cholera in Marshall and his professional services necessary there, he "without hesitation set out on foot to traverse the then thinly settled country, alive only to the sense of duty. . . . The question of compensation was never allowed to interfere with his actions in the practice of his profession."[33]

On the assessment roll of the Village of Jacksonburgh in 1832, the name of Dr. Oliver Russ appears as possessing real estate, valuation $50.00; personal property, 00; Total, $50.00.[33]

In 1838 he is one of the directors of the poor of "Jackson," the name of the place having been changed.[33]

Dr. J. A. Robinson in an original poem read before the Pioneer centennial in 1879 indicated that, in company with another, Dr. Russ filled a vigilante function.

So Doctor Russ the doctor of the burgh
And Doctor Backus too of whom you've heard
Were a committee made to wait upon
All men who came the wrong way into town
And to examine fairly every one
And to report why he had left his home
And every grave offense that he had done.[33]

Hon. Fidus Livermore of Jackson "could remember when there were not well people enough to take care of the sick, but now this is the healthiest country in the nation. He related a number of incidents in his early life here, and told a story of Dr. Russ. One Sunday morning on getting up, he saw smoke rising in the willows on the river bank and walked over there. He found two men named Fox and Savacool dressing a hog they had just killed. Stepping up and examining the animal, he accused them of stealing his hog, but they denied it. He began talking of arrest and started as if for an officer. The men admitted that they stole the hog, but pleaded in extenuation the fact that they were out of meat. After talking sharply to them, he told them to go on, and when they had finished to divide the pork in four parts,—one they were to take to Elder Harrison, one to his house, and the rest they might keep. The point of the story was that he did not own the hog, but as he used to tell it, he was out of meat too."[18]

Dr. Ira C. Backus, the companion of Dr. Russ in public safety measures, came to Jackson in 1836. He "stood in the front rank of his profession not only in Jackson but also in the State," and his standing "as a citizen was equal to his reputation as a physician." He served for three years as inspector of the State prison and one time (1859) in the Senate of the State.[33]

He "was a member and officer of St. Paul's [Episcopal] Church from the date of its organization to the day of his death," which occurred in 1865.[33]

In the town of Frederick, Macomb County, more money was in circulation in 1844 than in Mt. Clemens. The Kalamazoo and Clinton Canal connecting the two rivers was built the following year. "There was a general jollification when ground was broken, several being present from Mt. Clemens." Dr. Hall was one of these.

"It is related that an old Indian became so intoxicated that he lay down by a fire and one foot was so terribly burned, about half of it, to a crisp, that amputation was necessary. The surgical operation was performed by Drs. Taylor and Tillotson. The annesthetic [*sic*] used was whisky, the instruments a carving knife and a common saw. The saw was used first on the upper side of the limb and the hand being in the way it was used on the under side; when finished the bone was so irregular that it must needs be repeated and the operation lasted two hours."[33]

The foregoing account was not written by a physician and is here introduced purely for its historic value and not as a clinical contribution.

Of a pioneer nurse it is related that his patient was so troublesome "no one could do anything with him." The expedient was employed of bringing an axe into the room, throwing it on the floor and giving a savage look. To the stuttering interrogation as to the meaning of all of this the reply was vouchsafed, that it was planned to knock the patient's head off unless he behaved better. He "wilted, and curled up and not another whimper was heard."

Here there were obvious and favorable results from strong suggestion. The nurse is quoted as declaring that there "would have been a dead pettifogger in ten days" had he not employed the "meat axe remedy." Apart from the improvement in general health which immediately occurred—he was able to be out on the street in a few days—it is expedient for another reason to include this clinical matter herein, namely, as one method of inhibiting a lawyer's lingual exercise.

Dr. T. B. Clark's house was consumed by a fire in 1830, set by an intemperate printer formerly employed by the *Gazette.*[29]

Dr. and Mrs. McCullough (or McCulloch) and King Strang

In earlier days before "purity" congresses and kill-joy societies under divers designations took over the responsibility of maintaining morals, inaugurated crusades against cigarettes, "schooners," short skirts and frail sisters, physicians were dependable guardians of the public weal and active in thwarting the all too prevalent tendency to social lapses. What happened to the Mormon Colony on Beaver Island is a case in point.

The end of King Strang's reign came in 1856. Externally the affairs of the "kingdom" were then at their zenith but serious internal troubles had arisen. Polygamy had proved a source of discontent and gave excuse for revolt against Strang's rigid discipline in small matters. Jealousies also sprang up at that time between him and the more intelligent of his disciples. After failure on the part of George J. Adams, "the most effective of his preachers," to organize a revolt, his excommunication and retreat to "the gentiles," Dr. H. D. McCulloch took the matter in hand. He was an educated Baltimorean and "the most capable of Strang's followers." He "successfully stimulated hostility to the King both on Beaver Island and along the shore until it bore tragic fruit."

The thrilling account of the King's last hours and McCullough's agency therein may be read in Fuller's "Historic Michigan," Pages 396 and 397, "Michigan Pioneer and Historical Collections," Volumes XVIII and XXXII.

It is perhaps unnecessary to pursue in detail the history of the taking off of this original "love-cultist" whose numerous successors in Michigan have had, fortunately for them, access to courts, bail and other alleged agencies of civilization. These with the appeal to tourist curiosity and incidental patronage of hog dog stands, which their presence creates in any commercially organized community, have often effectively prevented salutary and summary measures.

Horse pistols were the weapons. "The assault was committed in view of the officers and crew from the deck of the steamer, also of Dr. McCulloch, F. Johnson and others and no effort made to correct it."

Dr. McCullough was "a person of some talent and a good education, was a Mormon outwardly. In addition to doing a limited professional business he kept a store in the village of St. James."

Strang had issued an edict that women should discard dresses and wear bloomers. Certain of them revolted, among them Mrs. McCullough, and a law-suit was commenced by Strang against McCullough. Strang had declared in public that "the law should be obeyed if he had to wade ankle deep in blood."

Mrs. Bedford was another of the revoltees. Her husband had been publicly whipped, receiving four more than the lawful "forty stripes save one" number. With Bedford and another, named Wentworth, Dr. McCullough conspired to remove Strang. This was probably in the winter or spring of 1855-1856, Dr. McCullough counselling to defer the event "until after navigation should open."

Whether the doctor revealed to his spouse this plan looking to the public weal doth not appear. Four years previously consultation with her would apparently have been an extra-hazardous exhibition of confidence. In a trial of Strang in a Federal Court in 1851 Mrs. McCulloch,† "the sweet and accomplished lady from Baltimore whose husband had been a surgeon in the United States Army," gave testimony as follows:

"Question—Mrs. McCulloch, you are an educated, accomplished lady born in Baltimore and reared in the very best society. Can it be that you are a Mormon? 'Yes, sir, I have that honor, sir,' she said with a decided color in her cheek, flashing of the eyes, and contraction of her lips over an exquisite set of teeth."

"Q. 'Madam, will you please allow me to look you directly in the eye when I interrogate you—I always like to watch a witness when I examine them [*sic*]?' 'Yes, Mr. District Attorney, you may stare at me if you choose. I have seen greater men and better men than you are sir!'

"Q. 'Can it be possible madam that so accomplished a lady as you are can believe that that fellow Strang (pointing contemptuously at him) is a prophet, seer and revelator?' 'Yes, Mr. District Attorney, I know it.'

"Q. 'Perhaps we do not comprehend each other, Madam; what do you mean by a prophet?' 'You know well enough, Mr. District Attorney, I mean one who foretells coming events, speaks in unknown tongues, one like Isaiah and the Prophets of the Old Testament.'

"Q. 'Can it be possible, Mrs. McCulloch, that you are so blind as to really believe that that fellow who sits there beneath you—that Strang is the Prophet of the Lord, the Successor of Him who bore His cross among the jeers and sneers of Mount Calvary?'

"Rising in great anger with flushed cheeks and glistening eyes she shook her fist in the very face of the district attorney and screamed out, 'Yes, you impudent district attorney, and were you not a darned old fool you would know it too,' whereupon the Mormons greeted her with cheers and the judge, marshal and crowd laughed immoderately at the poor district attorney, who for the first time seemed utterly abashed at the energy of this accomplished and beautiful Mormon termagant." And the jury acquitted Strang and his confederates in the indictment for delaying the mail, burning the mail, cutting the mail bags, et cetera, although the evidence was quite clear against them. "Strang's speech to the jury was very strong, full of bitterness and dramatic points. He compared himself to Christ, his persecutors to the lawyers and Pharisees who persecuted Him."

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†Evidently one and the same as "McCullough," although the spelling of the name is not identical in the different accounts.

It speaks volumes for the entrenchment and influence of Strang and little for the strength of the Federal Government at that time that it was deemed expedient by "strategy" to lure Strang on the gun-boat *Michigan* in order to convey him and his Mormon cohorts to Detroit. Concerning this episode Doctor M. M. Quaife writes:[2]

"Perhaps the most interesting activity of the *Michigan* prior to the Civil War was that connected with the Kingdom of God on Earth which James J. Strang established in 1850 on the Beaver Islands of Lake Michigan. We have space only briefly to advert to the fact that Strang, claiming to be the divinely appointed successor to Joseph Smith, the founder of Mormonism, who was slain by an Illinois mob in 1844, succeeded in attracting several thousand followers to the Beaver Islands, which God was supposed to have set aside for their inheritance, and there established a kingdom, based on divine revelation, whose limits were eventually to embrace the entire earth. The whole story of Strang's Kingdom of God on Earth is as bizarre as any in American annals. Here it must suffice to note that for several years the unregenerate gentiles of the surrounding region maintained a state of virtual civil war with the Saints of the Islands, ending in their overthrow and banishment in 1856. As always under such circumstances, rumor and hatred combined to magnify many fold the misdeeds of the Saints, who even yet in this section of Michigan are firmly believed to have been a crew of industrious pirates and cutthroats. In the early summer of 1851 President Fillmore, having listened to the dreadful stories of the régime King Strang had set up within the borders of his own governmental domain, placed the *Michigan* at the disposal of the U. S. District Attorney in Detroit to strengthen his hand in bringing the arch criminals to justice and reëstablishing the sovereignty of the United States over the islands of Lake Michigan.

"A presidential election was approaching, and the existing mass of conflicting religious and economic interests was further complicated by the injection into it of partisan political motives. Equipped for desperate battle, District Attorney Bates was conveyed by the Iron Ship to the Beavers, where the King and his rebellious cohorts meekly surrendered themselves into official custody and were carried to Detroit for trial on numerous grave charges of misconduct. 'I have just returned from the Kingdom of God with the

Prophet of the Lord and the Saints in limbo,' triumphantly reported Attorney Bates on the arrival of the *Michigan* at Detroit with her cargo. The unique character of the accused combined with the widespread advertising which had been accorded their supposed saintly misdeeds to make the case a *cause célèbre* in local annals, and the public interest in the trial was heightened by the deplorable fact that it was prostituted to serve the partisan ends of the presidential campaign which was then being waged. The outcome proved a sickening fiasco to the District Attorney, and a corresponding triumph to the accused. The only thing proved against them was the fact that they were Mormons, and the jury, all but two of whose members were their political enemies, promptly acquitted them.

"But legal acquittal brought no cessation of trouble for the kingdom, and the civil warfare went on until in the summer of 1856 the *Michigan* played a regrettable part in its downfall. By this time the King had estranged some of his supporters, and certain of these concocted a plot to murder him. It is not to be supposed that the commander of a United States naval vessel was cognizant of the plot, yet the conduct of the captain of the *Michigan* still awaits satisfactory explanation. The Iron Ship came into the harbor of Saint James and cast anchor immediately in front of the store of the principal plotter. The pilot of the ship was sent ashore with a message summoning the King on board. As he stepped upon the dock to comply, two of the conspirators who had been lying in concealment behind a pile of cordwood came up behind him and opened fire at arm's length. He fell to the ground, fatally wounded, after which the murderers again shot him and, raining blows upon him with their clubbed pistols, ran on board the ship and demanded protection from the followers of the fallen monarch. Although Saint James was a county seat, and the sheriff of the county demanded the custody of the murderers, the captain of the *Michigan* carried them away to Mackinac, where they were promptly set at liberty and lionized by the populace for the murder they had committed. The gathering of the gentile mob and the expulsion of the Saints from the Beavers followed in due course upon this assassination of their king."

And as to the State authorities McCullough, in 1856, taking passage on a boat to Chicago and proceeding thence to Lansing to lay complaint before Governor Bingham found "as he himself expressed it, a practical illustration of the saying that heavy bodies move slowly."

After the death of Strang, "had only those Mormons been robbed and sent away who had themselves been concerned in the robberies previously committed under the pretended sanction of religion it would have been but retributive justice," but the mob got out of hand and although "one would think then that McCullough, the chief leader in the assassination of Mr. Strang, was in high esteem among the mob," he was "driven off with the rest of us, his beautiful Gothic mansion, store and dock confiscated to the mob."[33]

Evidently Dame McCullough would be unsympathetic with the attitude of Dr. Roberts Bartholow on the Mormon question. He writes in 1867,[4] "The household of a Mormon saint is not that powerful patriarchial institution which has been so frequently described. Between the favorite wife or wives and the offcast wives there is war to the knife. Serious difficulties have again and again occurred in the harem of Brigham, which required all the authority of the prophet to arrest. When the household of the prophet is dressed up and on its good behavior, for the reception of strangers from across the mountains these horrid creases are smoothed out and everything the color of the rose."

"The harem of Brigham" was eventually extinguished, the horrid creases all smoothed out, and the *couleur de rose* alone remained to call forth extravagant eulogy from Dr. Maclean in 1896.[43] He writes, "If there is a spot anywhere whose climate, soil, scenery and surroundings generally are suited to the accomplishment of phenomenal results in the treatment of medical and surgical cases, it is this City of Salt Lake."

It is gratifying to discover that Dr. Orrin J. Moon was one of the *younger*† practitioners of the healing art in Howell, Livingston County.

He was born in *1857*,† was employed by Dr. Hawxhurst of Battle Creek in his dental office,‡ studied medicine with Dr. Millspaugh, was graduated after one year in Ann Arbor and intervening practice in Jamestown, Ottawa County, from Keokuk, Iowa, Medical College, in 1881. In that college he was Demonstrator of Anatomy. He practiced in Jamestown and the Holland Colony, Ottawa County, and in Fennville, Allegan County, where he opened a drug store. He reached Howell in 1887, where he was successful in practice.

He was unhappily married, divorced, remarried; was a Knight Templar.[37]

Two items in the above biographic extracts are of no little interest to the present reviewer. First, that concerning divorce. In reading hundreds of biographies of physicians in preparation for this History, this is the first instance that has come to notice. To be sure the incident of marriage, important as it is, has received but cursory attention—this in deference to space exigencies—and such mention might have been overlooked. Constancy in the matrimonial relationship, however, must have quite generally prevailed.

The second point is that the reading of paragraph No. 1 is set right eventually. Quoth the biographer, "He is the oldest member of the State Medical Society residing in Howell."

The presidential address of the distinguished Dr. E. P. Christian of Wyandotte to the State Medical Society in 1886 dealt with "The Medical Art in Its Relations to Christian Civilization and to Popular Intelligence." In it he pointed out that medicine has its analogies and similitudes to other professions. It has not only analogies, but was very usually conjoined with the ministerial profession in the early days of the Christian era. Because the medical art had not reached the stage of advancement of being founded to any extent upon scientific deductions, was almost entirely empirical, and what knowledge of the art existed, like all other knowledge, was alone the possession of the educated class, which was almost exclusively the clergy; and because charity and good will to man, which was the essential principle of Christianity, and also the example of the divine Master, impelled them to such good works. The title of "the great physician" was prophetically one of those of their Master. All religions founded upon charity have recognized the healing of the sick as a manifestation of practical religion. Buddha was also entitled "the good physician."

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†Italics are the reviewer's.
‡Dr. Hawxhurst was also an M.D.

He voiced the incontrovertible statement that the people always demand, "Prophesy to us smooth things."

No one in the profession was more emphatically opposed to sectarianism in medicine than Dr. Christian. In his address he deplores the fact that in this profession only has been found the opportunity of building sectarianism up in "various so-called schools based upon exclusive dogmas and professed self-imposed limitations in the appliance of the art of the treatment of diseases." He says, "Upon whomsoever rests the responsibility of building up sectarianism in medicine by reason of ignorance or self-seeking,† on him rests the responsibility of bringing discredit upon the medical art, and largely of the want of correct public appreciation of it."

Dr. Lucius Abbott of Detroit married Mrs. Helm, divorcée of Lieutenant Helm. She was living in Chicago at the time of the Indian massacre in 1812, following Hull's surrender of Detroit. "A young warrior was in the act of tomahawking her when an older man thrust him aside and gathering her in his arms rushed into the water where he held her until the slaughter was ended. Her rescuer was Black Partridge, a friendly chief who had taken this novel method of saving her life."‡

Dr. Abbott lived on Fort and Cass Streets, Detroit.[5]

"Dr. Clapp and one or two others who shall be nameless [this seems unjust discrimination] visited his grave [that of Shavehead, an interesting Indian said to have been a participant in the Fort Dearborn massacre of 1812] and severed his head from his body with a lath hatchet, deposited it in an empty eight by ten glass box and triumphantly bore their trophy to Paw Paw in a one horse wagon without fear of the ghost of the departed brave; boiled flesh from the bones in the back yard of one of the citizens of the village, and the skull may yet be a prominent and attractive article of curiosity in the collection of the pioneers of Van Buren County."[33]

Dr. Thomas Bradshaw came to Kalamazoo in 1851 and later made his home in the township of Pavilion. He was an "eccentric misanthropic recluse scorning all conventions but commanding attention and respect from all who had intelligence enough to appreciate his knowledge and mental worth."

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†Liberty has been taken of transforming "self-asking" in the above quotation to "self-seeking," for which apologies to the proof-reader.

‡"Detroit and Early Chicago."—M. M. Quaife, Ph.D.

When Mr. Van Buren first saw him sitting on a barrel in the corner of a store eating crackers and cheese and drinking from a mug of beer he seemed to him a subject for Hogarth. He was "a living specimen of a seedy old toper." He was unclean, his face unshaven, his hands greasy and dirty, his eyes watery and red, his whole countenance having a vicious and stolid look."

So great was the confidence of the people in his medical skill that they would prefer to have this debauched person drunk than "any other physician sober."†

This doctor lived in a "little one story tin peddler's box of a house. He possessed a bay mare who was followed, when the doctor wanted to make his rounds of calls, by her "progeny of colts of various sizes and ages from the four-year-old down to the little unweaned suckling." All these were frisking and curvetting about her, "and formed a gay and frisky cavalcade as they went scurrying up hill and down dale escorting the old mare and her rider whose cloak in the cooler season streamed out behind him in the wind."

Dr. Bradshaw "was a native of England, a graduate of London University and a man of remarkable endowments and professional attainments, had been visiting surgeon of one of the Liverpool hospitals and for several years a general practitioner in that city."[33] (A. D. P. Van Buren.) He died in December, 1872.

One Isaac I. Bigelow of Davisburg [eclectic], who died in 1887, has qualifications for immortality other than leaving "a work of several hundred pages in manuscript." His was the distinguished honor of association with Garrison in anti-slavery work and of having been "burned in effigy" therefor while in college. Less appealing to those, through the eighteenth amendment yet unregenerated, is the fact that he was a "life-long temperance worker."[33]

There have been Thompsonians and all other kinds in Michigan at one time or another. He "practiced a little as a physician but did not like the profession and died in 1886 at the age of 94; was forehanded as to preparation, having ordered his own tomb-stone three years before and written therefor an inscription as follows: 'In memory of Elijah Woodworth, born 1792, who now resides in spirit life a real personal being in progression eternally. Served in the War of 1812. A sectarian minister, an atheist lecturer up to 1852, first resident of Leslie, Ingham County. A Surveyor and Thompsonian Doctor, the first itinerant lecturer in the field of modern spiritualism, and controlled to write ancient languages in the form of hieroglyphical characters, a modern seer and sage in natural and spiritual civilization whose sunlight shall never close. Vilely persecuted by bigots although living in temperance and good morality. Who filled a mortal body with vigorous health and memory nearly one century, traveling in seven States of the Union.' "[33] The biography also states that he drew a pension of $8.00 a month for services in the Mexican War, but the record prepared for his tombstone fails to make mention of this and it may be regarded problematic in view of his age at the time of this episode.

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†It is almost incredible but this was a current expression of appreciation of many a tippling physician of fifty years ago.

Dr. A. C. Kellogg of Ann Arbor was the son of Dr. D. B. Kellogg, "the originator of Kellogg's Family Remedies," a "clairvoyant physician who believed that his knowledge came to him from an outside source while he was in a clairvoyant state."[26]

Dr. S. C. Kellogg succeeded to the business of his father, who, regrettably, died in 1876 at the early age of 52.

"C. T. Wright came from Racine, Wisconsin, and rented a mill on Otter Creek at Arel in Platte township. Dr. O'Leary who built the mill was a phrenologist who thought he could tell the kind of a person a man was just by examining the bumps on his head, but finding that a sawmill in a new country could not be operated in that way, he left the country and rented the mill to Mr. Wright who was a college bred man, young, handsome, and had some money to invest."[33] ("Reminiscences of Grand Traverse Region.")

"In 1857, the night before the Fourth was being celebrated, and a cannon had been improvised out of an old six-inch mill gudgeon, from an old water wheel. It had been fired several times in front of where the First State Bank now stands by Jim Whelper, son of Dr. Whelper, and others, and finally burst, one large piece flying over on the Three Rivers House steps, and the other piece shattered the thigh of Jim Whelper, and made an awful wound, so close to the hip that it could not be amputated. All that was possible to do for him in those days of scanty surgical skill, was to strap the limb to a support laying him flat on his back for several months and by keeping the circulation as nearly normal as possible his life was saved, but he became an almost helpless cripple for the balance of his life.[33]

"On the two corners at the east end [Bellevue] are the houses of Dr. Shurly and Dr. Robert Hosie, the latter just bought by Mrs. Smedley. Dr. Inglis has bought a beautiful lot next to Mrs. Smedley and will another year build on ground once occupied by the old Stockade."[33] (Mrs. Julia Hyde Keith.)

"Romance had its beginnings on this island [Grosse Isle] before ever the red man turned hitherward the prow of his canoe. When the 'morning stars sang together' the hymn of creation; when the bird sang its first note of love in the forest primeval and answered its mate; when the first flower opened its tiny lips to kiss the first dewdrop—romance was here, queen of life.

"In the first Chapter of Genesis we find that when the Lord had created the earth and the waters, he looked upon his work and called it good. There are some who think his eyes then rested upon Grosse Isle. I consulted Dr. Shurly, whose age and research into primeval conditions and recognized familiarity with all things unknowable, makes him good authority, and he tells me that this is doubtless a romance of Grosse Isle. Pressed further for answer, he says that he has been so unsettled by higher criticism that he is unable to say whether the Creator's eye was on Grosse Isle, Bois Blanc, or Dynamite Island."[33] (Wm. C. Sprague.)

Dr. Putnam was an old time homeopathic physician of Flint and was much beloved by, and very useful to, a large and discriminating clientèle. He was considerate and kindly, painstaking and thoughtful, and always a welcome visitor in the family of one by whom the following incidents were related.

Without reference to time of the day or season of the year, on professional calls he was specklessly attired in yellow gloves and evening coat, the tail modeled upon that of the bird of which more than one is required to make a summer. His presence in the sick room was a benefaction and his patients were never subjected to an infirmity of temper of which on occasions there was explosive evidence. Something not to his liking having happened at table, he threw his knife and fork to the floor. Relieved by the outburst, instead of retrieving them or providing himself with others, he proceeded to the plate preparation and the ingestion of food by using the carving cutlery. One of his horses was lacking in æsthetic values, being destitute of that brush convenient for the dislodgment of flies. Being anxious to make a favorable impression upon a guest he had invited to ride, he procured for the horse an artificial aid to the "end in view." It was insecurely annexed, but the loss was not discovered by the doctor until the termination of the drive.

Dr. Douglas A. Joy, born in Marshall in 1854, received in the fall of 1876 an appointment as instructor in the University of Michigan. He had previously, at the age of sixteen, served as assistant in the chemical laboratory of Columbia College and had entered the freshman class of the School of Mines. He had also at twenty-one under appointment by the United States Government, accompanied the Wheeler Exploring Expedition in Southern California as geologist, where losing his way in the mountain ravines he narrowly escaped, on one occasion, with his life.

At the University he was highly esteemed and steadily promoted. Discovering a growing aptitude therefor he began a course of medical study. He was president of his class, which was graduated in 1879. Soon afterward he became teacher of electro-therapeutics in the Medical Department of the University.

It was at this time, so his biographer writing in the *Marshall Expounder* declares, that he was forced into the only unpleasant controversy of his life by Dr. Frothingham (*See* "Controversies"). "In this entire contest he held the open and earnest sympathy of the whole University faculty except

Dr. Maclean, who afterwards expressed his deep regret to Dr. Joy and his great desire that he might be of service to him in the future."[33]

Leaving the University he took a special course in ophthalmology and otology at the College of Physicians and Surgeons, New York, practiced in Marshall from 1883 to 1887, then decided to move to Omaha, where after a brief period, in June 1887, death occurred at the early age of 33 years.

His qualities were charming; he was tender, sympathetic and unselfish, "possessed a bright, clear and penetrating mind" and lived a life "pure, unblemished and without a spot." He met death "without a sigh and with the most perfect faith."

The presidential address before the Michigan State Medical Society in 1875 by Professor R. C. Kedzie dealt with the subject of "Ozone" and the recommendation was made that the air which filled "all out-doors" should be studied even more carefully than the air found "in-doors."

He pointed out that "the regional and seasonal changes in its composition and physical properties and the relations of these changes to health and disease demand a careful and patient investigation at the hands of the medical profession," and called attention to "the possible connection of consumption, pneumonia, croup, et cetera, with varying amounts of atmospheric moisture."

Emphatically he states that "much more remains to be done in regard to the special influence of these variations and the relation of all epidemic and endemic diseases to variations in atmospheric humidity" and calls for careful investigation and study in "a field which gives promise of rich harvests in future."

"Why is sunlight beneficial?" he inquires, and ventures the possible explanation that such effect lies in "its power of generating ozone." He recognizes the superiority of Kansas to Michigan in its ozone output—a fact of which William Allen White was evidently ignorant when he propounded the question, "What's the matter with Kansas?" As to the relative production of ozone in Minnesota and Michigan, the doctor is unfortunately in doubt but asserts that in the former State it is "very large." This may well be the case. Political analogies would indicate similar atmospheric influences in both the populistic communities of Kansas and Minnesota.

After an explosion of the engine on the old "Ramshorn Railroad" in the center of the Chandler marsh which "broke all the windows in the coach and put out all the lights" Conductor Todd walked to Lansing and returned with a doctor, "who sewed up Mr. Sullivan's face," but Daniel claimed "the Lansing doctor did a bad job, that he sewed up his face without taking out the glass but thanks to the kind care of Dr. Bagg [of Owosso] after three months or more, Daniel recovered."

Although the above episode happened 'way back in '64, it reads like a modern instance of appreciation of the surgeon's services.

In the year 1884 with Dr. Thomas R. Buckham of Flint behind his handsome pair of bays, rode Dr. Munson, later medical superintendent of the

Traverse City State Hospital, and the writer, to investigate at Mt. Morris a group of patients suffering from a singular epidemic of hysterical excitement proceeding from the insane delusions of one member of a household of fifteen, representing three generations.

"In a squalid hut in the country these people had assembled. The fire in a stove red hot had been constantly replenished day and night. Through crevices and windows silver bullets had been fired at intervals by the distracted occupants of the cabin. They had placed forks and steel in the windows. By pricking, flagellating, and gruesome noises they had kept each other awake for a period of about seventy-two hours. They had cut small pieces from the fingers and toes of one (her of the original delusion) and promoted continuous bleeding, believing that if it ceased witch possession would ensue. Her arms and legs were excoriated from the friction administered. In hurried excursions out of the cabin (which was maintained in a state of veritable siege) they had cut off the tails of their horses and slit the ears of their cattle. A physician, summoned, I believe, by neighbors, had been attacked and wounded by a knife in the hands of one of the frantic females. A neighbor declares 'They have been racing through the woods. They would shoot and then race as if in pursuit of something, with dogs barking and men screaming.' One of the family related that the father was in a sinking spell. They held his watch for a few minutes, and then laid it on the child's forehead. As soon as this was done he was 'scared to death' and immediately had a fit. While the watch was on the child's head the father had fits, and when the father had it in his possession the child had fits. The husband of one was suspected of being a witch. A sister advised the wife that she 'take some breast milk, put it in a bottle, put five needles and five pins in it, and put it on the stove, and if there was any such thing as deviltry, it would make him sick.' He came home sick that night. He was also suspected of poisoning tobacco, the remains of which the family placed in the stove. After it was burned, he was taken with trembling and had to go to bed.

"The entire household was imprisoned temporarily, and the insane sister, whose delusions had influenced the remaining members, as well as the one who committed the assault with the knife, was eventually placed in an institution for the insane. The maternal grandmother of these patients was an epileptic, the maternal grandfather a drunkard, the father gloomy and morose. The mother was of congenitally feeble mentality, as were all of her offspring. The insane daughter had suffered from two attacks of depression, was subsequently married, and on the birth of a child became again morbid. She was taken to this hovel which the parents occupied. There, in consequence of the sudden death from epilepsy of a niece, she developed the delusion that the household was bewitched. She had hallucinations of smell, taste, and hearing, and fancied herself suffocating. The phenomena were accepted by the others as the result of witchcraft and the hysteric infection became general."[41]

Dr. Noah Bates was born in Canada in 1838; was educated at Simcoe

High School and attended Toronto University one year. He taught school in Canada for three years; was married in 1859. He came to the University Medical Department in 1865 in response to the receipt of a catalogue which announced that for one hundred dollars in gold a student could have a term of instruction.

Dr. Bates was graduated the following year and located in Linden, Genesee County. After two years he moved to Grand Blanc and three years later to Flint (in 1871).

At various times he served as county coroner and county physician and was medical examiner for several fraternal organizations. He was one of the organizers of the Flint Conservatory of Music; was a member of the State and American Medical Associations and was for years president of the Genesee County Medical Society. He occupied the position of health officer in Flint for many years; was secretary of Genesee Lodge No. 174 F. & A. M. for thirty-eight years, and of Washington Chapter, Royal Arch Masons, for eleven years.

In Linden he hired a horse for a time and was then offered one by a farmer, for which in the next six years he succeeded in paying. For a year or more he made professional visits on horseback. Roads at the time were so difficult that fourteen hours have been expended on a visit to Swartz Creek. His fee therefor was $2.00.

There were three epidemics of smallpox in Flint and he cared for all the cases, being himself immune since boyhood, when among the Indians in Canada he often came in contact with the disease.

Until the age of 80 years he was never ill. He died in Flint at 87, much regretted by the entire community and greatly respected by his confrères in the medical profession.

March 9, 1890, he attended service at the old Baptist Church, soon to be destroyed, and listened to a farewell sermon by Rev. W. L. Farnum. His diary reveals that preaching was from the text Exodus 14 and 15, and he makes the following memorandum: "I cut a piece from the pew I occupied for a number of years."

Dr. James F. Noyes (1817-1896) was an erudite man, a New Englander, an ophthalmologist of high repute. He had a queer little mannerism—the expulsion of air through the nose—which during conversation interrupted his speaking. He was a confirmed bachelor. On one occasion Dr. Munson, at that time in practice in Detroit, later superintendent of the Traverse City State Hospital, who had an office with Dr. Noyes—waiting-room in common—overheard the following colloquy with three women who had come for consultation.

"What's your name?" "Mrs. Smith." "What's your husband's business?" "A carpenter." "How many children have you?" "None."

To the next, "What's your name?" "Brown." "Your husband's business?" "Grocer." "How many children have you?" "Two."

To the next, "What's your name?" "Jones." "How many children have you?" In embarrassment, "I have nine, Doctor." "What's your husband's business?" "He isn't doing anything at present." "(Kch-kch) I thought so."

Dr. Noyes was one of the original stockholders of Oak Grove, Flint, and during its struggling years donated his stock, $5,000.00 par value, for the purpose of building an amusement hall. About half the expense was met by this liberal gift. The building was constructed and as "Noyes Hall" made a most useful addition to the equipment of the hospital.

He was born in Providence, Rhode Island, studied medicine in Waterville, Maine, at Harvard and Jefferson, graduating from the latter school in 1846.

He came to Detroit in 1850 but did not settle there definitely until 1863, having meantime pursued medical study in Europe and practiced medicine in Waterville.

"He was the pioneer ophthalmologist of the Northwest, and was professor of diseases of the eye and ear at the Detroit Medical College." He was a member of the Michigan State, American Medical, American Ophthalmological and Otological and other medical societies.

He "was gentle by nature and imbued with a philanthropic spirit which led him to give largely to institutions, both public and private. He donated a large sum to a hospital in Providence, Rhode Island, to establish free beds."

"He was a man of broad culture, kind, gentle and full of sympathy for the suffering and unfortunate."[43] (*See also* "Medical Education.")

"Dr. Woolly was the first physician [in Mecosta County] and was crowded with work from the first day he came. As there was no other physician in all this region [in the late '50s or early '60s] his practice extended as far north as Clam River near Cadillac, and through the woods at every point of the compass for thirty or forty miles."[33]

Self-effacing service on the part of the hospital personnel occasionally reaps liberal reward. A more or less inconsolable husband had been several times summoned to the bed of his sick spouse under the belief of the Pontiac Hospital physicians that she was *in articulo mortis.* Rallying came in each instance, and departing, the anxious husband was moved to express appreciation of the tender care the nurses were bestowing.

"Oi thank you, Miss B........ for the good care you are giving my woife. Oi shan't forgit it." "Don't mention it, Mr. ....," was the reply. Whereupon, "Oi won't, Oi nivver tell onnything."

On the other hand in a similar case at Kalamazoo, high hope for the outcome was voiced to Dr. Palmer in the following words: "Good day, Doctor. I hope that my wife will get well, or, or, *something."*

At the meeting of the State Medical Society in 1879, Dr. Simon Herres of Westphalia, Michigan, gave a paper "On Moral Insanity."

He summed up as follows: "As long as in physiology a particular organ for moral sense and conscience is unknown,—we must hold to the axiom of the solidarity between spirit and mind,—we might regard the will as the result of their mutual coöperation. We are justified in believing that not any single part of the soul, as perhaps the feeling for right and wrong, can for itself become sick; that, moreover, there, where this feeling has been extinguished by disease of the nervous system, the complete physical life is affected by this disease, even when the latter preferably appears in isolated ranges of the physical activity, for that axiom alone justifies the distinction of such acts, which after free self destination by recklessness or resistance against the prohibition of reason, decency, and law, are incurred by such who emanate out of impotence to obey this law, caused by disease. The idea of moral insanity as a peculiar species of disease thus drops; in its place remains a mental disturbance with prominent symptoms of perversity in the domain of the power of desire."

"According to my view it would be advisable to banish this idea, as also that of partial insanity, from the pathology of the psychoses completely."

Dr. Herres must have had prophetic vision of court practices in the succeeding century.

It is an interesting group of men of whom the veteran Owosso physician, Dr. C. C. McCormick, discourses to the *Argus-Press* representative in March, 1927, on the completion of fifty-five years "devoted to his professional ideals, a life filled with service and adventure although spent almost entirely within the confines of one county."

Dr. McCormick, a native of Ontario, after one year in literary studies at McGill, Montreal, came to the University of Michigan, where, in 1872, he was graduated from the Medical Department. His "club" expense for board and room averaged $2.50 or $3.00 per week and disbursement for the full term equalled scarcely more than "what it costs to keep a student at the University just one month at the present time." Nearly all members of the college wore "plug" hats and "most of them were adorned with beards to add dignity to their appearance." Coeducation was established by an act of the Legislature of 1872, but women had "a cold reception" and there were "few if any dates and petting parties." There were no hospitals even at Ann Arbor in those days and every small community had its resident physician, who owing to "mighty bad" clay roads was frequently necessitated to make calls on horseback and could cover but a relatively small area, and this under most trying conditions.

Dr. McCormick confirms the statements of pioneers as to frequent epidemics of scarlet fever, diphtheria and spinal meningitis resulting in appalling loss of life.

He was instrumental in organizing the Owosso Medical Society in 1880, which became later the Academy of Medicine and still later the Shiawassee County Medical Society, and has been five times its president. In its early membership were Dr. Jabez Perkins and Dr. C. P. Parkill, of whose lives much is recorded elsewhere; also Drs. J. L. Smith and A. E. Stannard of

Owosso, E. B. Ward of Laingsburg, D. C. Holley of Vernon, Armstrong and Goodrich, Corunna, I. N. Eldred, Chesaning, O. B. Campbell, Ovid, S. E. Gillam, St. Johns, H. W. Cobb, Perry, A. G. Cole, Durand, and W. C. Hume, Bennington. Dr. McCormick was the only surviving charter member of the organization at the time of an interview in November, 1927.

Comes today, April 3, 1929, the announcement of his death yesterday. The inception of this (history) publication was none too early. Soon all actors on the medical stage during the latter half of the nineteenth century will have gone from earth, many of them regrettably without recorded reminiscences of lives devoted to work in this difficult and most important of worldly fields.

Dr. McCormick was 86 years of age and death resulted from complications following influenza.

"After practicing at Dansville, Ingham County, for one year, he came to Bennington, and then to Owosso in 1875, and had been there since.

"Dr. McCormick early became interested in public matters, and in 1883 was elected mayor. He was also secretary of the board of education for three years. He was the founder of the Shiawassee County Medical Society, and one of the charter members of the University of Michigan Alumni Association of this county. At the last annual banquet of the association he was introduced as the oldest University of Michigan alumnus in the county.

"In his younger days, Dr. McCormick was active in the Odd Fellows, and of late years had been much interested in the Masons. He attended the First Congregational Church.

"He leaves seven children, among them Dr. Colin C. McCormick, of Detroit, who was graduated from the University of Michigan just fifty years after his father."†

He was a lovable soul and highly esteemed by his clientele and professional associates.

Dr. J. I. Chandler died at Banfield, Michigan, March 23, 1903, aged 78 years, 8 months, and 23 days. He was born in Ohio, June, 1823, moving to this State in 1854, and settling upon the old Morford place, now owned by Halsey Tungate, where he practiced medicine, entering into the work with earnestness of heart and soul. Many recall the familiar figure of the old doctor as he rushed by, often upon a bridleless horse, regardless of the hour or weather, and respect his self-sacrificing spirit. For ten years he suffered from the effects of these severe exposures and afflictions incident to old age, bearing all with Christian fortitude. He leaves two sons and two daughters to revere his memory.[33]

"Dr. Orville W. Owen, son of Benjamin F. Owen, a native of New York State, who launched the first steamer into Lake Superior, and Abba [Ward] Owen, a sister of the late Capt. Eber B. Ward of Detroit, and a daughter of Eber Ward, who settled in Michigan in 1817, was born in

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†Extracts from press reports.

Belle River Mills, Michigan [now Marine City] at one o'clock in the morning of Sunday, January 1, 1854. Shortly after his birth his mother died, and he was placed in the family of his aunt, Emily Ward, whose name was for years a password in literary and social circles throughout the State of Michigan.

"After a preparatory education received in Detroit he entered the State Normal School at Ypsilanti, from which he graduated in 1873, subsequently entering the employ of the Burlington and Southwestern Railway [now the Chicago, Burlington and Quincy route] as assistant superintendent. After a service of three years with this company, he returned to Detroit and for a time was closely identified with his uncle, Capt. Eber Ward, a widely-known business man of this city. Later he entered the Detroit Medical College, and was graduated in 1881, with the degree of M.D. Subsequent to his graduation he began the practice of the profession in Detroit, in which he makes a specialty of gynecology and has attained to a prominent place among the members of his profession, as well as the establishing of a large and lucrative practice.

"Dr. Owen early developed a desire for scientific studies. The recent works of his pen have brought him into international notice, especially so in the case of his discovery, deciphering and publishing of the 'Cypher Story' of Sir Francis Bacon, and other writings of that famous author and playwright. Twelve days subsequent to his graduation from the Detroit Medical College he was tendered and accepted the position of lecturer on physiology in that institution, and in the following year became professor of physiology, and retained the chair for five years. During the years 1882-1887 inclusive he was the corresponding secretary for the European Microscopic Club, and for two years assistant editor of the *Detroit Clinic,* a journal of medicine. He has been a member of all the various medical associations and societies, but owing to pressure of his literary and medical work, retains a membership in but one—the Detroit Medical and Library Association. He is a prominent Mason, being a member of Union Lodge No. 3, A. F. & A. M., and Peninsular Chapter, R. A. M., and for many years has been an honorary member of the Players' Club of New York City.[29]

Dr. Owen "made himself in a sense famous as the discoverer of Sir Francis Bacon's cypher story in the works of William Shakespeare, Sir Christopher Marlowe, Edmund Spenser, Robert Burton [author of the "Anatomy of Melancholy"] and others—Bacon taking this method of publishing to the world among other equally daring statements his relationship to Elizabeth, claiming to be her lawful son by a secret marriage to Robert Dudley, afterwards Earl of Leicester.

Dr. Owen constructed the "wheel" according to hidden instructions by Bacon, a mechanical device for picking out these hidden stones.[2]

Dr. Cornelius E. Rulison died suddenly of heart disease in Flushing, December 20, 1890. He came to Michigan in 1849, aged 14, was principal of the Goodrich District School at the time the President issued his first call for volunteers in 1861. He was one of the earliest to respond, enlisting in Flint in Company F, 2nd Michigan Infantry; was in the first Bull Run Battle. He served until the close of the war. At the Battle of Knoxville his left arm was shattered by a minie ball which coursed upward through his throat, injuring the larynx. He never completely recovered voice after this wound.

He was graduated at the Cincinnati Medical College, and in 1866 opened an office in Flushing.

"Every man who associated with him became his warm friend and he was no man's enemy." He was prominent in Masonry, Odd Fellowship and The Grand Army of the Republic.[33]

Experiences with quackery are recorded in his virile style by Dr. Donald Maclean in his presidential address in 1885 to the State Medical Society.

"In the spring of 1879 a woman of about forty years of age and weighing at the time not less than three hundred pounds, applied at my public clinic for advice and treatment for disease of one of her breasts. On examination I found a very striking state of affairs, and from the patient I received a very striking history of her case. The affected organ presented an enormous fungous excrescence which was painful and which poured forth a copious discharge of unhealthy fetid fluid, partly pus and partly blood. The effect of this discharge was to keep her person and her clothing continuously saturated, and to render her an object of disgust to herself and to every one around her; still she was fat and fair of skin, her eye was bright, and her general health was good. The disease was entirely limited to the gland in which it had originated and the tissues in the immediate neighborhood. Her history as related by herself in presence of the class was that the trouble in her breast had lasted several years, that it had been pronounced cancer, and that she had placed herself in the hands of a 'cancer doctor,' so called, *by whom upwards of three hundred caustic blisters had been applied to her breast.* In reply to my question as to whether the plasters had been painful she replied with intense earnestness, 'I would rather suffer death twenty times than to bear the pain of one of them.'

"Of course the case was not one of cancer at all, and if it had been left alone would in all probability have given the patient very little trouble. My duty was to relieve her, if possible, from the horrible effects of her outrageous so-called cancer treatment, which I did by administering an anesthetic and performing a painless but thorough amputation. I here show you two photographs of this case, one taken before and the other after my operation; the latter shows her wound entirely healed and her appearance that of a healthy woman. When last heard from a year or two ago this patient continued alive and well.

"Last fall a young man applied to me at Ann Arbor on account of a small but hard fibrous tumor which was packed firmly into the space between the ramus of the jaw and the mastoid process. After careful examination and reflection I advised its removal, and appointed a day and an hour for a free operation in presence of the class. Unfortunately in the meantime, the poor fellow had the misfortune to fall under the malign influence of a certain conceited and meddlesome scholastic of Ann Arbor by whom he was urged to desert me and repair to Detroit and place himself in the hands of a full-blooded specimen of the genus 'cancer doctor.' It so happened that the future progress of this case was watched and reported to me by a friend of the patient. I will be more merciful to this audience than the cancer monger was to his poor victim, and will spare you the recital of his sufferings. Suffice it to say that caustic plasters were applied until the most horrible ravages were inflicted on the important tissues of the neck, and he finally sank and died exhausted by pain, hemorrhage and blood-poisoning, for all of which he paid the modest sum of $400."[43]

Here is a gem from the same address.

"Once the priests were physicians, now the physicians are becoming in their way priests and giving laws not only to their own patients but to society, and revising the rubrics and shaping the *epos* and the *ethos* of the race. What a confessor the skillful physician is. And in how many tongues does he hear confessions. Rome hears her penitents tell their sins in a score of tongues in her great cathedral; but the physician hears the murmurs of contrition from a harp of a thousand strings in a temple which is the universe in miniature, and to his practiced ear or eye or touch every beat of the pulse, every throb of the temple, every quiver of the lips, and every tremble of the tongue, every twitch of the muscles and tint of the cheek, every temper of the hand and hue of the eye tells the unbroken secret of the life. No march of science threatens this confessional. Let the physician then be true to his priesthood."[43]

Dr. Benjamin B. Ross of Saginaw "was abrupt, outspoken, strong in his enmity and as steadfast in his friendship . . . while in his practice some may have thought him at times rough he had nevertheless the tenderness of a woman."[33]

An operation of no little gravity was made at Gettysburg during the Civil War, and repeated elsewhere, by Dr. H. F. Lyster of Detroit. It is reported—"Amputation through the Condyles of the Femur"—in the *Detroit Review of Medicine,* Volume I, Page 153.

It was not long before the identification of pus germs and prophylaxis based thereupon that the distinguished Dr. Charles T. Southworth (father of the lamented and lovable "Tracy") discussed "Puerperal Fever" before the State Medical Society. It was in 1876 that he declared "that disease signifies a departure from that standard of health which enables man to complete the term allotted to him by law and die a natural death; that since the earliest history of disease it has had certain specific or characteristic phenomena, or as we call them, pathognomonic symptoms or conditions which are fixed factors by which different diseases are recognized, and that but few, if any, diseases have become extinct and but few, if any, new ones have appeared;

that diseases are greatly influenced by telluric, atmospheric and meteorological conditions." He goes on to state (I abbreviate) that "puerperal fever" is a generic term indefinite, unsatisfactory and wrongly applied, that septicemia and pyemia are of the most frequent occurrence and are "autogenetic in their origin"; that "in my opinion nothing can be more erroneous than to style every fever and every disease occurring after parturition by such generic terms as puerperal fever and puerperal infection"; that "the peritoneum is affected in its whole by the vast extension of its superficies of the uterus and abdominal parietes and by pressure; that this pressure being relaxed by childbirth leaves it . . . atonic which invites the onset of disease."

"Still there are some few writers at the present day," he goes on to say, "who promulgate the doctrine of the existence of a specific fever . . . having its origin in a specific poison found only in the puerperal state. They are gentlemen of culture and endowed with powers of observation so acute that the medical world is truly astonished that they can see and we cannot see it although we make use of the same means.

"By one of these, all who cannot draw the same deductions from observation and clinical experience as he, are likened unto a Yorkshire justice noted for his obstinacy and ignorance. Very well, I will prefer to occupy the chair of said Yorkshire men to being led wild in my pathology. . . .

"Are the puerperal diseases contagious in their nature and transmissible in fact?

"I most emphatically answer, no! They all arise from the same list of causes generated under the same conditions, are autogenetic or endogenetic and not capable of being carried in the fomites of attendants."

He discusses his meticulous method of administration of ergot and quinine, tying the cord, clearing the uterus of clots, applying the binder or compress and "so far as possible or politic at the time to remove all soiled articles from the bed"; of administering a cardiac stimulant (digitalis) as often as every four hours. Under this regimen he declares "I feel safe in leaving her to time to perfect the cure and restoration to her normal health."

Full justification, in the opinion of the reviewer, for the above lengthy quotations lies in the subject matter of this remarkable paper. It is a learned and, from the viewpoint of its author, convincing presentation of arguments opposed to the current ferment (by the author admitted) in the direction of a revolutionary pathology. The dawn of a new era was approaching and surgical pathology was soon to be placed upon a definitely scientific basis. The production is from certain angles highly creditable; it is written in impeccable English and based upon personal experience. It indicates, of course, inflexibility of opinion and savors of dogmatism but neither is unaccountable. Its author, a conservative and conscientious physician, had seen medical theories come and go. He had in a long and useful life learned lessons one day to be unlearned on the day following. He had discovered that "progress" and "change" were not closely differentiated, that fallacies and foibles abounded and preferred to hold to the old. During disappointing years rust had slowly accumulated on hinges of the window to an "open mind."

"Dr. Charles Tracy Southworth was born at Coventry, New York, May 19, 1827, and died at his home in Monroe, Michigan, August 14, 1884. He received a classical education at Oberlin College, Ohio, and the University of Michigan. His first course of medical lectures was taken at the College of Physicians and Surgeons, New York, in the winter of 1845-1846. He afterwards went abroad, and after taking a course under Trousseau and Ricord, in Paris, he went to Madrid, Spain, where he spent two years as hospital interne, and graduated from the University of Madrid, May 20, 1849. In the following September, he removed to Havana, Cuba, leaving there two years later for Matamoras, Mexico, whence, in October of that year, he went to Vera Cruz. In 1853, while living at the latter place, he was commissioned by General Santa Anna as division surgeon of cavalry, accompanying the troops on their return to the city of Mexico, in that capacity. He resigned in 1855, and was appointed surgeon-general of the army of the north by Santiago Vidaurri, the governor of Coahuila and Nueva Leon. In 1859 he returned to the United States, and settling at Monroe, he remained there until his death.

"Dr. Southworth was a man of sterling qualities. Intense in his likes and warm in his dislikes, he was a steadfast friend and an enemy whom, though incapable of aught mean or unbecoming the thorough gentleman that he was, those to whom he was opposed were generally anxious to placate. As a practitioner he brought to his vocation an unusually vigorous mind, unusually well stored with the learning of the schools, and never suspending the habits of the student, his experience and his reading combined to place him without a superior among the physicians of this State.

"Dr. Southworth was a man of massive physique, of great strength, and, up to the time of the accident which eventually terminated in his death, his health was robust and vigorous. The accident occurred about six weeks prior to his death, and consisted in a severe strain from his being thrown over the dashboard of his carriage, through the sudden start of his horse. It left him with a rupture of the cardiac valves, subsequent to which there developed a pneumonia, to which he succumbed. We are not aware that any post mortem examination was held to determine the precise nature of the cardiac lesion."[30]

His son, Tracy, a student with Dr. Brodie and a graduate of the Detroit College of Medicine, met death accidentally in an interurban collision. His son, Varnum, also a physician, was a witness of the horror and completely overcome. They were as two comrades. Indeed, the home life of the Southworths was ideal, and Tracy and his accomplished wife the most delightful of hosts. Tracy enjoyed a large practice and was extremely useful in the profession, was a confidant and counsellor of the younger men and much beloved by them and the entire community where he dwelt. He was an influential member of the Michigan State Medical Society for many years.

His death was an appalling affliction. A more gentle, considerate, cheery soul never lived upon this earth. (C. B. B.)

Dr. C. T. Southworth was not alone in doubts and misgivings concerning antisepsis.

The editor of the *Detroit Lancet* was of the opinion in 1878 that Mr. Lister's antiseptic method "is not necessary to complete success in private practice."[3]

"At a meeting of the Ann Arbor Medical and Surgical Society, February 19 [1878], Dr. King gave an interesting and valuable paper on the history and use of antiseptic treatment. Lister's late use of boracic acid dressing 'was the cause of' interesting discussion [which] took place on the germ theory and its bearings on practice."[32]

" 'Let us spray' is the invocation with which very appropriately the surgeon who proposes to adopt 'Lister's method' may preface his operations."[32]

"And how now stands the antiseptic system before the world?" inquires the *Michigan Medical News* in 1880. "The ovation given to Professor Lister at the late International Medical Congress at Amsterdam is an answer to the question. The whole body rose to their feet and cheered the man who has fought and won his cause in the face of the strongest opposition, both active and passive."[32]

The circulation of the blood, vaccination, asepsis and antisepsis, the causation of tuberculosis, the mosquito borne diseases; how propaganda to clarify these moot questions has been compelled to fight its way in opposition to—often conscientiously founded—conservatism.

The following excerpt from a speech by Dr. G. Van Amber Brown is taken from the *Bulletin of the Wayne County Medical Society,* 1928:

> "The prize presented by our President is a characteristically fitting one. The portrait of Semmelweis which I am about to uncover and present represents the lineaments, and pictures the soul, of a most acute observer, a profound thinker, a logical reasoner, and a very great physician. His name is indelibly and inextricably linked with the banishment of puerperal fever from the lying-in chamber.
>
> "Born in 1818, Semmelweis died in 1865. His first paper on the Cause of Puerperal Fever was presented in 1848, and his final and convincing essay in 1861.
>
> "Four years previous to the first presentation by Semmelweis, our own Dr. Oliver Wendell Holmes in Boston published an almost identical argument and conclusion upon the same subject. Holmes' presentation, however, lacked the thoroughness and completeness of that of Semmelweis, and Holmes generously accorded the other priority in discovery and conclusion.
>
> "The great Lister in 1883 also frankly acknowledged the priority of the work of Semmelweis in antisepsis and called the brilliant Viennese his 'forerunner.'
>
> "Up to the time of Semmelweis, the keen observer, the consummate logician and the tireless worker, the fever of childbed was a more deadly scourge than almost any disease then known. In some hospitals and in some houses the death rate was so tremendous as to make entry into them almost suicidal. Semmelweis, working in the Allgemeine Krankenhaus in Vienna, was appalled at the terrible mortality. He set himself to work to alleviate, at least, and possibly to remedy. In his earlier efforts he was able to do the former, and in his later years he presented arguments so convincing and a course of treatment so wonderfully perfect that this enemy of the puerperal woman has practically become today a negligible factor in the vital statistics of all countries."

May Cummisky Bliss has written a tribute to "Doctor Joy" whom the writer recognized from illustrations in the booklet as Doctor L. W. Bliss of Saginaw, an old time practitioner of medicine. The appreciation leaves no room for doubt that his life was replete with good works. He was self-sacrificing, devoted to his family, and indulgent to neighbors except those who were given to prying into the conditions of patients and to so-called "nurses" who recommended Eddyism. Like many another physician of that period he was concerned but slightly with money matters. It is recorded that on one occasion he criticized his wife for settling a bill from book memoranda, it having been his intention to largely discount it when payment was proffered. He "bore his own burdens" and was faithful in the performance of duty. He served the community twice as mayor in the presence of an adverse political majority and won a hat in a wager he would carry a dyed-in-the-wool Democratic precinct.

"There was always one certain position the doctor assumed when he fixed himself to tell a story, first he would take on a peculiar smile, which indicated that he knew he would drop down his peg tooth once or twice, finally replacing it with his tongue, put his elbows on the arms of the chair, drumming the ends of his fingers together, cross his legs, and once in a while look up over his glasses and laugh." One story was that of a minister whom he had doctored "off and on for a whole year without a cent of pay, and when he finally died and was buried, his widow wrote me a letter, asking how much I would give her for the empty medicine bottles."

If one may venture to "fault" such a sympathetic biography it would be for too much stressing the "peg tooth," which was apparently a highly movable bit of buccal furniture. The writer once knew a member of one of the State Hospital boards whose small upper "denture," or "plate" if crockery momenclature is preferred, was frequently flopped under emotional perturbation. Once when visiting a ward a woman patient who was accustomed at intervals to call on the Creator in response to visual impressions, exclaimed as he passed "He's chewing his cud, Oh God, Oh God!"

The valedictory address of President S. S. French of Battle Creek is deserving of careful reading both from the historical and scientific sides. He says in 1881 of the Calhoun County Medical Association that it was "organized in its present form, four years ago. J. H. Montgomery, who had practiced medicine in this county more years than any other of our number, and who, I think, is now the senior member of the profession in active practice in the county, was elected the first president.

"There were fourteen charter members; eighteen physicians have since united with the association. Five active members have removed to other fields of labor. Two honorary members have succumbed to that adversary, with which our professional life is a continuous struggle, whose final victory we can only delay, not avert. Our original fourteen has increased to twenty-seven active members. We have also nine honorary members.

"A review of the work of the four years will show that our time has been well employed. We have listened to fifty-six carefully prepared papers; to the thorough discussion, at each meeting, of an appointed subject, and to the report of many interesting cases. We have also had many instructive clinics.

"All this cannot fail to be beneficial to each of us. The contact of minds brightens the intellect; comparison and discussion of experiences and theories enlarge our views. We learn to see the same subject from the different standpoints of different minds.

"Recalling to mind these papers and discussions, naturally brings the remembrance of similar ones before the State and National Societies. I say, with pride, the comparison is not unfavorable to our smaller society.

"This Society exerts, as it ought, a strong influence over professional ethics. Our frequent meeting with a common object has increased our respect for each other; by so doing, made us more careful in our remarks about and criticism of each other. Little that is to be regretted has come to my knowledge. A few expressions I will repeat, believing the repetition will carry its own criticism; that hearing their expressions from the lips of another will reveal to the authors their impropriety if not absurdity. One of these remarks was, 'I came to this field, not because I am obliged to practice, but because I knew the great need of a first-class physician.' Another, 'I would not use that doctor, he is old-fogyish, does not read, is not up with the times.' The speaker knew nothing of the extent of that doctor's library or the amount of current literature he was receiving. Such remarks, and the boasting of greater skill, by reason of recent graduation, we view with leniency, because of our knowledge of the unbounded confidence of the recent graduate of all professions.

"The young doctor will grow old; we hope he will not become *less* wise. We know he will have each year less and less of that over-confidence which borders on conceit, until he finally learns that all there is of medical knowledge is more than one man can acquire, even during a long life of study and experience.

"I am proud of our County Society. I consider it an honor to have presided over an organization composed of members of my own profession, who show so much scientific acumen and ability; who are active in adding to the literature, zealous in upholding the honor and perpetuity of our noble profession."[3]

He then gives a most interesting case showing the "Result of Injuries at Base of the Brain" and displays exceptionally good working acquaintance with the anatomy, physiology and pathology of the nervous system.

His "case" is baffling. He reveals conclusively from comparative symptomatology what it is not. He is unable to determine what it is.

Dr. French "began to study the healing art" fifty years before he was president of the State Medical Society in 1889.

"The last half century," he says in his presidential address, "is distinguished from all others by the rapid extension of the boundaries of scientific knowledge" and declares that no other branch of human activity could show a superior record. "Lives are still sacrificed through the use of anesthetics by careless or incompetent persons."

He laments with Jeremiah, "Oh virgin daughters of Egypt, in vain shalt thou use many medicines. Thou shalt not be cured."

"Eminent surgeons have suggested that a natural aptitude for, and training in, some handicraft would be a great advantage. . . . While amputating an arm I called a recent graduate of a famed university to ligate an artery. He was unable to make a proper knot until shown how."

Attention is called to *"famed"*—a word often and impressively employed by an interesting and very modern news magazine.

"Dr. William Brownell, who died at his home in Utica, Michigan, May 22, ultimo [1884], was a typical country practitioner of the later period. After receiving a liberal education, he entered upon the study of medicine and graduated, after the prescribed course of study, from the medical department of the University of Michigan in 1852, when he settled at Utica, where he continued to reside until the date of his death. With a sound foundation in the non-practical and theoretical divisions of medicine, he devoted himself to the duties of the practitioner with such industry, intelligence, thoughtfulness and conscientiousness, as soon not only knit firm the bonds between himself and the community which he served, but attached to his opinion a high order of value. Nature had endowed him with a physique admirably adapted to the hardships of the country practice of a quarter of a century ago, in the section in which he settled. Robust of body, his mind was correspondingly virile, but although rugged as to his exterior, and somewhat taciturn, he carried within a heart gentle as a woman's and keenly responsive to the signs of either bodily or mental suffering. On the breaking out of the War of the Rebellion he entered as surgeon of the second regiment of Michigan cavalry, in which capacity he served for three years. No medical officer was ever more endeared to his men, whom he attached to him by the same qualities which made him the beloved physician in civil practice.

"Dr. Brownell was born at Farmington, Michigan, November 12, 1830. He was married May 10, 1856, to Jane E. Scudder, of Jackson, Michigan, who, with two of the three children born of the union, survives him. He took a very warm interest in educational matters, and was for ten years president of the board of education of his town. He was elected to the State Legislature in 1856, and re-elected in 1860, after which he took no prominent part in politics. Although attaching himself to no church and endorsing no creed, he was a man of deep religious convictions. He was a

Christian in the essentials of Christianity, without a trace of religionism—an honest conscientious, charitable, patriotic citizen, and a physician devoted to his calling.

'He was formed on the good old plan
A true and brave and downright honest man;
He blew no trumpet in market place,
Nor in the church with hypocritic face
Supplied with cant the lack of human grace;
Loathing pretense, he did with cheerful will
What others talked of while their hands were still.' "[30]

Dr. Delos L. Heath of Ridgeway was commissioned assistant surgeon, 17th Infantry, in 1862; surgeon 23d Michigan Infantry, May 1, 1863, and was discharged for disability December 27, 1864.[22]

The death of Dr. Albert E. Leete of Romeo occurred in 1878. He was "justly distinguished as a learned, skillful and accomplished physician, who exemplified an irreproachable life, and the virtues of a good citizen, who, in his social relations was eminently refined, genial and brilliant."[3]

Dr. J. A. Wessinger, then of Parshallville, later of Ann Arbor, would withhold from "Dr. Isaac Wixom late of Fenton, Michigan, who, while living, enjoyed a very extensive surgical practice in this section of the State," the credit for having first successfully performed (in 1845) amputation at the hip-joint and accords precedence to Dr. Valentine Mott (1824). It appears, however, to have been the second successful operation, provided, as Dr. Wessinger points out, "the doctor's case is well authenticated."[30]

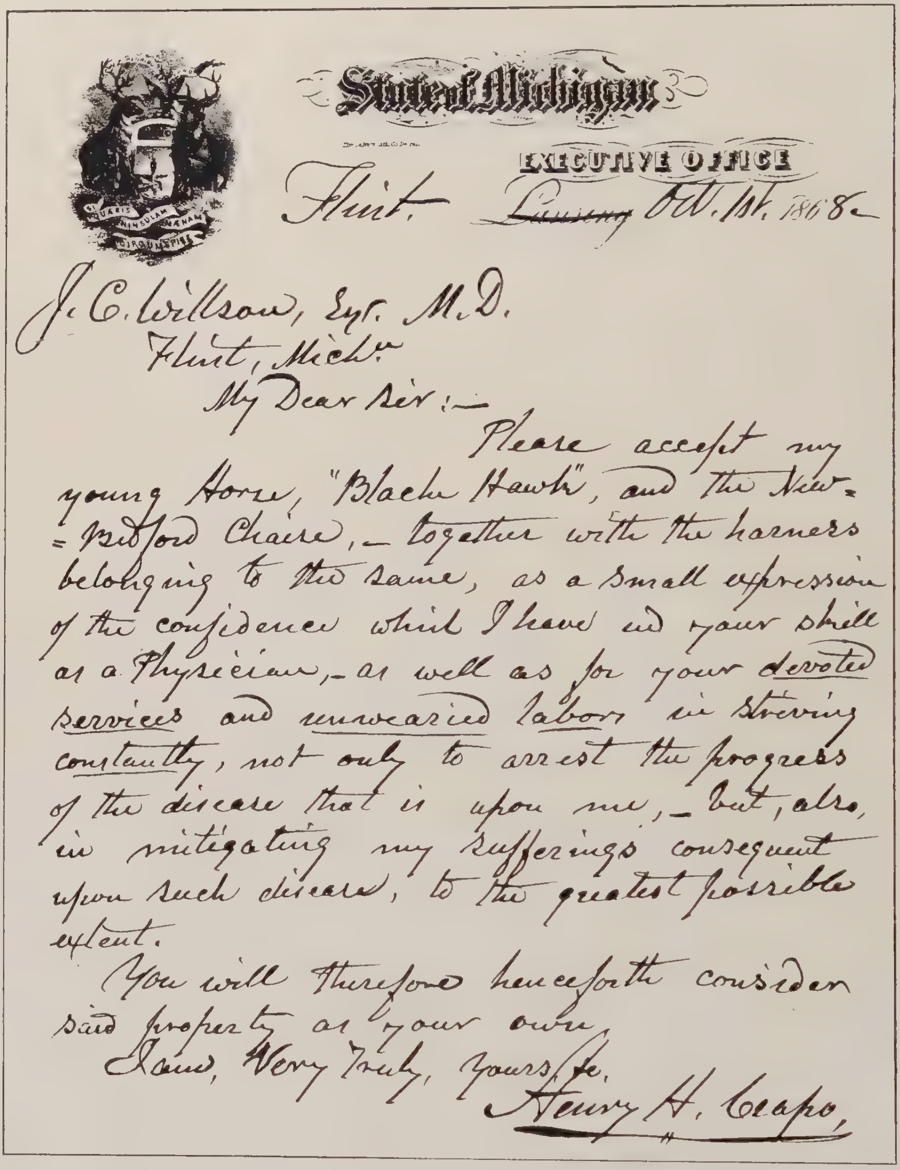
He reported in *Medical Age,* Volume II, Page 12, "Fracture of the Right Malar Bone" with illustrations, and also contributed to the same journal an article on "Management of the Placenta in Premature Labor."

"In the death of Dr. Willson there passed from the community a cultured gentleman, a man with a high sense of patriotism, a public servant of spirit and ideals, a citizen with a desire for higher intellectuality, greater morality and increased development for the community in which he lived. His rugged honesty, his fine sense of right and justice and other attributes upon which were builded a splendid manhood won for him the admiration and esteem of all within the circle of his acquaintance."

The above tribute to Dr. James C. Willson of Flint published in the *Daily Journal* of August 29, 1912, the day of his death, is wholly just. His was a busy and beautiful life and his passing was universally lamented.

He was born in Canada in 1833 of Scotch-Irish parentage, was educated in the district school, working during the summer time until his fourteenth year. After this he was a pupil for a year in the Packenham village school, walking there daily, a distance of three miles from his father's farm.

In 1849 he felt the gold discovery lure and started for California but became ill in Olean, New York. Forming an attachment for this place, he returned there after a visit at home. While casting about for employment he visited the shop of a daguerreotyper and found the artist could take a picture of him by what at that time was a new method in this country. He was delighted with the result, and the artist with the interest the doctor displayed in the work. He purchased the rights to the process from the artist, who was desirous of pursuing medical studies, for $125.00 and during the following eight months cleared $1,100.00.



State of Michigan

EXECUTIVE OFFICE

Flint. ~~Lansing~~ Oct. 1st. 1868.

J. C. Willson, Esq. M.D.
Flint, Mich.
My Dear Sir:—

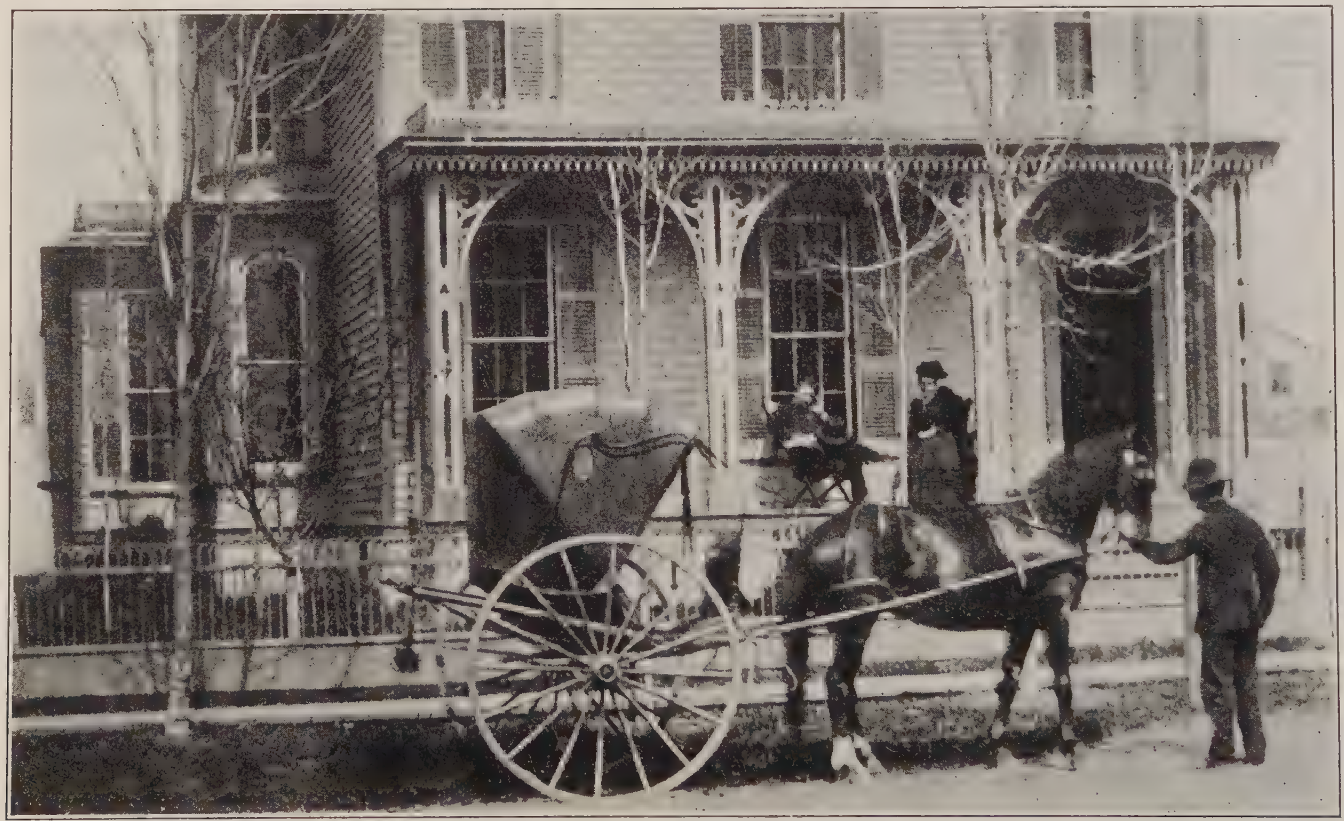
Please accept my young Horse, "Black Hawk", and the New-Bedford Chaise,— together with the harness belonging to the same, as a small expression of the confidence which I have in your skill as a Physician,— as well as for your devoted services and unwearied labors in striving constantly, not only to arrest the progress of the disease that is upon me,— but, also, in mitigating my sufferings consequent upon such disease, to the greatest possible extent.

You will therefore henceforth consider said property as your own.

I am, Very Truly, Yours &c.
Henry H. Crapo,

Letter from Henry H. Crapo to Dr. James C. Willson
Cut presented by Dr. Willson's son, George C. Willson, Esq.

This casual happening was, to use his own expression, "the turning



Dr. James C. Willson's Home, in Flint, and His Conveyance in the Sixties
Cut presented by his son, George C. Willson, Esq.

point in [his] life." As he looked back upon it in later life, he regarded it "providential rather than accidental." Destiny "disposes" and though man may "propose" he is but to a limited extent the architect of his own fortunes.

He continued in the daguerreotyper's occupation for more than a year in Olean, Port Huron, and Canada, then taught school for a time.

Through the influence of a cousin, a student of Dr. C. M. Stockwell of Port Huron, he entered the medical department, University of Michigan, and remained during the sessions of 1855, 1856 and 1857, but did not graduate, and pursued medical study in Detroit. His health failing, he acted on the advice of physicians and came to Flint in 1857, journeying to Holly by train over the Detroit and Milwaukee railroad, thence by stage.

In Flint he formed a partnership with Dr. Lamond, "a tall lean lank man with a high hat, a long loose skirted coat and trousers in keeping with the coat," who "practiced the edicts of the old school of medicine." In visiting patients, he rode "long distances on horseback through mud and mire over country roads day and night both summer and winter," and developed thereby a robust constitution.

He was graduated in 1859 from the University of Michigan, returned to Flint and there remained in active professional work until near the close of his life, save for an interval of about three years, during which he served in the Civil War as major and in Washington during the winter of 1864 as Michigan military agent.

On May 18, 1865, he was married to Rhoda M. C. Crapo, daughter of H. H. Crapo, governor of Michigan.

In the fall of 1869 he attended a special course in the College of Physicians and Surgeons, New York. In 1873, he contributed a paper on "Cephalic Tumor" to the Michigan State Medical Society.[43]

He was a trustee and for many years treasurer of the First Presbyterian Church in Flint; was president of the Genesee County Savings Bank and interested financially in various civic enterprises.

Seated in a box in the old Detroit Opera House many years ago the writer called the attention of his charming hostess, the wife of an eminent physician, Dr. Manton, to the presence in the theater of Dr. Willson. "Where is he?" she inquired, "I've often heard of him but never have seen him." "Look over those seated in the orchestra chairs, pick out the most picturesque head—that's Dr. Willson," was the reply. Without a moment's hesitation she exclaimed, "I see him." His was an interesting and striking personality. Pioneer physician in Michigan, Veteran of the Civil War, of courtly manners, scholarly, dramatic, intense and fiery, graceful and accomplished, a public speaker of compelling address, identified with the banking, industrial and civic activities of Flint, he filled a large place in the affection and esteem of its citizenry. He was also a gentleman farmer and to the possession of a certain member of the holstein herd he ascribed his political undoing in a candidacy for representative in Congress. Discoursing to a gathering of farmers on the possibilities of improving stock he made mention of a registered bull calf and dwelt upon his attributes and breeding. Answering an inquiry from one in the audience as to the value of the calf, he named to the inquirer a staggering figure. This was, unfortunately, regarded as prevarication and the propaganda resulting from it turned the voting tide against him.

In the opinion of his friends he "would have carried the district by a handsome majority had not the Prohibition Party, composed almost entirely of Republicans, nominated a candidate, offering as their reason that they desired 'to stand up and be counted.' "†

Voila! Another count in a long indictment of the saviours of the social structure.

A spinster conducted a much beloved nephew to consult Dr. Willson. The family suspected tuberculosis but the doctor diognosticated bronchitis and suggested heavy underwear. "His mother wants him to put it on but he will not," Auntie declared. Whereupon—"You will not put on flannel underwear as your *mother* wants you to? Then get pneumonia, die, and go to . . ."

More successful in politics was Dr. Fish of Flint, formerly a Democrat but aligned with the Republican party at the time, who sought a seat in the Michigan Senate in opposition to a well-known merchant. This latter felt justified, in view of the early returns, in flying from second story windows of his store on Saginaw Street streamers of red, white and blue bolts of cotton dress goods. They were hastily withdrawn and folded for other purposes as reports from what the delightful Dr. Leartus Connor of Detroit was wont to designate as the "outlying districts" were received.

A sometime partner of Dr. Lamond was Dr. S. M. Axford, who was born on a farm near Rochester, Michigan. He was engaged in lucrative practice in Detroit but yielded to the solicitation of Dr. Lamond and moved to Flint. A closer partnership still was established in the family through his marriage with Dr. Lamond's daughter.

He was necessitated to take long country drives in ministration to the ill, often at night and in severe weather, and contracted inflammatory rheumatisn. He died shortly after the death of Dr. Lamond, at the early age of 41.

His daughter writes that Dr. Theodore A. McGraw had a high opinion of his skill. His reputation in surgical enterprise and daring is one of the traditions of Flint. (*See* "General Hospitals.")

He was appointed chairman of the Committee on Surgery of the State Medical Society for the 1867 meeting.[4]

"Gems in Medicine, Selected from Forty Years Experience and Study," by Dr. Wm. H. Decamp of Grand Rapids, published in the *Transactions of the Michigan State Medical Society*, 1885,‡ is a brief and interesting *vade*

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†From incomplete manuscript of Dr. Willson's autobiography.
‡This is in the possession of the Michigan Historical Commission.

mecum in surgery, medicine, ocular diseases and obstetrics. It also treats of "Miscellaneous" and "Rose" prescriptions and conditions. Reprinting in entirety would be justified but the selection "Rules in Practice" must suffice for this history.

> "I find it detrimental to myself and the profession at large to give long credit.
>
> "Have never seen any good results from *free* prescribing. If a man is rich enough to not charge for his services, he is rich enough to not prescribe. This would give the work to some one less opulent, and in case of charity or pauper services, let it be thrown into the expense of the county or some charitable society and not be furnished by any member of the profession free.
>
> "Push your business and it will push you.
>
> "The profession of late appear to give their greatest attention to the *prevention* and *pathology* of disease, and grossly neglect the study of its cure.
>
> "Too much *theory* in practice is as bad as too much medicine.
>
> "One good remedy to cure a disease is worth more in practice than many splendid theories concerning its cause or pathology.
>
> "Never mix *medicine* and *religion* together in the same prescription; when spiritual advice is desired, let it come from a specialist in that line.
>
> "The two do not mix well, as their effects are directly opposite. The one tends to encourage them in making a speedy trip to the next world, while the other, by a few well selected doses, and a good assurance that they are going to stay long on earth, has deprived them of making the trip to see their Saviour for years.
>
> "We always do more good for ourselves, our patients and the profession, by trying to see how good work we can do, than by finding fault with the bad work others have done.
>
> "Cheap prices for services have never gained one-tenth as much practice as making good cures."

Dr. Galbraith of Pontiac, one of the most interesting figures in medicine in Eastern Michigan, attended the medical department of Michigan University, then the College of Physicians and Surgeons, New York, where he was graduated in 1861.

After service in the Army for two years and thereafter for a few months on the Board of Enrollment he engaged in the practice of medicine with Dr. C. M. Stockwell of Port Huron until 1865. Offered an appointment to a proposed new regiment (the 30th which was however soon fragmented and its members assigned to other commands) he decided to remain at Pontiac, the place of rendezvous. He liked the town and "in November, 1865, he rented an office and began the work which resulted in building up the largest and best practice ever done by any physician in Oakland County."[31]

"Hon. Franklin B. Galbraith, M.D.," was born in Sanilac County in 1840. "His entire life presents a striking example of perseverance, diligence and untiring devotion to knowledge" an "indefatigable worker."

He was commissioned Surgeon of the 10th Michigan Infantry in 1862. This position he resigned and returned to Port Huron. In 1863 he was appointed Surgeon of the Board of Enrollment at Pontiac and afterward commissioned Surgeon of the 31st (30th?) Michigan, then of the 4th Michigan Cavalry.

He was corresponding member of the Detroit Academy of Medicine, member of the state and national organizations; was three times mayor of Pontiac and in 1889 State senator.[40]

Dr. Galbraith was the ideal family physician—competent and equal to any emergency. Vigorous, alert, observant, responsive, of staccato speech, he wasted neither words nor time but was always effective. He possessed a stableful of well-groomed horses which he drove, in pairs, changing frequently. He managed them to perfection, and distances between two points were much abbreviated by his driving.

When years ago in neurology the ophthalmoscope was coming into use for diagnotic purposes, he was perplexed during examination of one of his patients concerning whose case he had called consultation. He displayed, the not then unusual, total lack of acquaintance with the instrument and his motor for the first time to the writer's knowledge was stalled. Within a fortnight however, having occasion to visit his office, and being ushered into the consulting room, I saw him deeply intent upon two widely dilated pupils of a subject from the street, in his hand an ophthalmoscope of the most recent type.

His appearance was always natty and presentable, his manner was engaging and he inspired immediate confidence on the part of the invalid and the attendants in the sick-room. He died much regretted in 1903.

Dr. J. C. Wilson of Rochester reported to the Northeastern District Medical Society in 1866, a case of wound of the knee joint. "It was about three inches in length laying open the cavity of the joint," which when seen by Dr. Wilson "was filled with blood and synovial fluid. The cavity and wound were immediately closed by applying the lips to the wound and sucking out the contents. Before removing the lips, the wound was carefully closed by pressure thus preventing any admission of air." Collodion dressing was applied and "union by the first intention took place and the wound healed without an untoward symptom so that in eighteen days the patient was perfectly well."[4]

Jonathan P. Fay was a representative from Wayne County, 1835-1836, and "was a physician by profession. He died March 12, 1836, during the session of the Legislature and his funeral was attended by the two Houses in a body . . . A brief obituary in the *Detroit Free Press*, March 14, says, 'Dr. Fay was an old and respected inhabitant of this city and his loss will be deeply lamented.' He is supposed to have shared the prevailing political sentiment of his time which was of course Democratic."[31]

The newspapers wasted no words those days.

Dr. Neil Gray, Jr., was born in Ayrshire, Scotland, January 2, 1803.

He studied for the ministry for two years, then turned to medicine and was graduated at Glasgow Medical College, 1830.

He came to America in 1831 and in 1837 was settled on a farm in Bruce township, near Romeo. He relinquished practice and entered the business of building; was president of the First National Bank, Romeo. He was senator from the First District, 1843-1844.[31]

The lesson taught by this life is obvious. Dr. Gray instead of "milling 'round" in theology and therapy discarded these and died (in 1868) in affluent circumstances.

Dr. Henry Davis, who represented Branch County in the Legislature of 1853-1854, was born in 1812, came to Bronson, Michigan, in 1840 and practiced there, after marrying Miss Helen Wheeler, until 1861.

He was "tall and slim and grave, almost to melancholy," and died in California.[31]

A word in passing for relief to the feelings of the sensitive sons of the Sun-osculated West Coast—there is no evidence that his demise was *hastened* by the change of residence.

Dr. Denias Dawe was "a practicing physician and surgeon for forty years," was also a Democrat and represented Monroe County in the Legislature of 1823.[31]

Governor Woodbridge N. Ferris in 1873 entered the medical department of the University of Michigan with the idea of "gaining knowledge that would aid him in the teaching profession."[31]

Dr. Hugh McColl of Lapeer contributed to the meeting of the Michigan State Medical Society in 1895 interesting "Personal Experiences regarding Altitude in Organic Heart Disease."

"There are lesions of the heart in which this change [to high altitudes] would be injurious; but in the most frequent heart lesion, mitral insufficiency, when accompanied by a fair amount of compensatory hypertrophy, there is not only no danger, but a decided relief and benefit." At four to six thousand feet "the capillary pressure of the surface as well as in the lungs being lessened, the work of the heart is diminished, and the jaded, tired heartache disappears as if by magic."

He had been a sufferer from attacks of acute rheumatism for twenty-five years, four with endocarditis—a large partially compensating hypertrophy. "Three years ago I had constant fatigue, pain of the heart, *as I was doing hard professional work.*" He had a sense of emptiness in the top of the head "with a great deal of difficulty in recalling words."

In the fall he went to Mexico City and at 7,350 feet above the sea "was able to walk freely without shortness of breath or fatigue."

Dr. McColl carried on nobly until near the end of life. He refused to admit defeat. The above paper is replete with suggestion and the writer of these lines has italicized certain words above for their human interest.

Dr. D. Milton Greene of Grand Rapids, chairman of the Committee on Necrology of the State Medical Society, reported in 1895 as follows:

"In relating the death of Dr. James Marcus Cook, of Muskegon, I feel a deep sympathy and sense of responsibility. He was my dear friend, and were I to say in his favor all I feel like doing, it would take more time and space than I have at my disposal. I knew him as a boy, as a teacher in the public schools, as a brave soldier in the late rebellion; I have known him as a physician, and I have never known him but with the greatest admiration. He was well posted in his profession, though unassuming, honorable in his professional work, and above all, a true friend. He was taken sick with pleuro-pneumonia, and sank rapidly from the first. On Thursday he passed into a state of coma, and died on Friday morning, December 21, 1894, aged fifty-five years. He was born in Saratoga, New York, March 21, 1839. After a course in the Oxford, Oakland County, Academy, he taught three years, when he commenced the study of medicine, was three years in the late war, and then returned to his medical studies in the University of Michigan, where he took one term of lectures; graduated from Rush Medical College in 1868, and located in Muskegon in the same year. Dr. Cook became known throughout western Michigan as a physician and surgeon. He has twice been vice-president of the State Medical Society; was president of the Muskegon County Medical Society; president of the Muskegon Microscopic Society; and was a member of the Central Drug Company of that city. He was a man of the people, and foremost among the citizens of Muskegon in any charitable enterprise. Dr. Cook has taken two post graduate courses of study in the schools of New York, and for the past few years has done a great deal of work in the eye and ear specialty. He was a devoted member of our Society, and a member of the American Medical Association. 'While yet in love with life, and raptured with the world, he passed to silence and relentless dust.' "[43]

Dr. David Milton Green, ophthalmic and aural surgeon (1891) to St. Marks and U. B. A. Hospitals, Grand Rapids, a graduate from the medical department University of Michigan in 1881, practiced general medicine seven years in Plainfield and Leslie, and settled in Grand Rapids in 1889.[14]

Dr. John D. North, born in Ulster County, New York, in 1834, was brought by his parents to Oakland County three years later. In 1848 the family removed to Lodi, Washtenaw County.

He was graduated from the medical department University of Michigan in 1859, practiced in Laingsburg and Grand Haven, and in 1867 came to Jackson.

He was surgeon for several fraternal organizations and as railroad surgeon and in general practice "made a number of critical and several capital surgical operations," all of which, the patients, having recovered, "demonstrated the skill of the operator."[18]

His portrait reveals heavy moustache and Vandyke.

Dr. Aaron McKee came to Victor, Clinton County, about 1860 and practiced there until his death.[25]

Dr. A. S. Hyatt and Dr. S. A. Mauzer were physicians of Wacousta in 1880.[25]

Tradition has it that the Indian maiden who "had a case on" Gladwin and revealed the Pontiac conspiracy bore this name (Wacousta). Anyhow it beats "Waterloo" which its projectors thought would be a "popular cognomen."

Dr. R. C. Wendt born in Germany in 1848 was educated in Leipzig.

He came to Galien in 1873 and was a member of the Berrien County Medical Society in 1875. He moved to Laingsburg in 1879 and to Jackson the following year.[18]

Dr. L. M. Jones "is a member of one of the oldest families in this State," his father being the founder of Jonesville in 1828. He was graduated frrom the Western Homeopathic College of Cleveland in 1858, located in Camden, then in Brooklyn.

"Of the extent and success of Dr. Jones' practice little needs here to be stated as his popularity among his numerous patrons is a satisfactory index.[18]

His whiskers are ample, decidedly individualistic in type, reveal the chin but nearly conceal the flowing scarf and shirt front.

Dr. W. N. Keeler, "the oldest resident physician," after graduating from the Eclectic Medical College, Cincinnati, in 1853 located in Concord, where "his genial manners and superior qualifications have won for him a large circle of friends . . . and the leading practice in his town."[18]

Dr. H. J. Hale studied at the chemical laboratory, Ann Arbor in 1868 and 1869. He was graduated from the Detroit Medical College in 1875 and located at Grass Lake.[18]

Dr. J. L. Conant followed farming for a number of years in the State of New York. He was graduated from Detroit Medical College in 1880 and practiced in Henrietta.[18]

Dr. John E. Conlan studied with Dr. Main of Jackson and was graduated in 1878 from the medical department, University of Michigan. He located in Henrietta township, where he was town superintendent.[18]

Dr. James Townsend of Henrietta "commenced reading medicine with Dr. John R. Crowell of Brooklyn and remained with him three years reading and practicing. He attended two courses of lectures at Ann Arbor."[18]

Dr. James F. Smiley moved from Okemos to Marshall in 1874.[16]

Dr. J. B. Park succeeded Dr. Smiley. He was a graduate of the University of Pennsylvania, 1873.

Dr. John Ferguson, homeopathic physician, practiced in Delhi and after 1869 in Okemos.[16]

Dr. Morgan became a resident of the village of Stockbridge, Ingham County, at an early period (the late thirties?). In 1880 the resident physicians there were Dr. I. C. Williams and Dr. H. E. Brown. The latter conducted a drug store and was also village postmaster.[16]

Dr. Joseph P. Hall was the "local physician of Charlotte" (1844).

Dr. ——— Munson came there the following year.

Dr. Allen B. Sampson located in Charlotte in 1853. He held various county offices.

Dr. Charles A. Merritt, a graduate of the University of Michigan medical department 1855, a nephew of Dr. Sampson, became manager of the latter's property after his death.

Drs. S. W. Slater, I. T. Fouts, G. B. Allen, Fowler, Isherwood and Perkey were from time to time in practice in Charlotte.

Dr. Philo D. Patterson, of whom more elsewhere, of Charlotte, "has become a prominent citizen of the county."[16]

Dr. Wm. Parmenter was in 1880 "the oldest physician of the place [Vermontville]."

Dr. J. B. Griswold at one time was in practice in Kalamo, Eaton County.

Dr. Joseph P. Hart began practice in Eaton Rapids in 1837 or 1838. "He was originally an old-school physician, but about two years before his death, at the instance of Dr. Gardner T. Rand now [1880] of Charlotte took up the practice of homeopathy. After his death his books, medicine and practice were taken by Dr. Rand who removed to Charlotte in 1857."[16]

Dr. Gardner T. Rand came in 1837 to Jackson County, in 1842 to Eaton Rapids and in 1857 to Charlotte.

He was county treasurer eight years, supervisor five years, and for eleven years was county superintendent of the poor.[16]

His son, Warren H. Rand, joined him in practice in 1877.

Dr. J. H. Wellings was city physician in Lansing in 1880.

Doctors J. B. Hull, Alexander McMillan, C. N. Hayden, Thomas Dolan and others whose names appear elsewhere in this history were there at this time in practice.[16]

Dr. J. D. North practiced for three years in Laingsburg (in the fifties); was succeeded by Dr. E. B. Ward (of whom much more elsewhere).[25]

"After the railroad was completed through the county, doctors swarmed in like the locusts of Egypt."[25]

The foregoing observation is attributed to "one of the oldest physicians of the county." Could it have been Doctor Ward?

Dr. Henry H. Cook, a son of Dr. Eli Cook, who practiced for six years in Mason, previously in Saline, and moved to Chicago in 1875, was graduated in 1872 from the medical department, University of Michigan, and located in Mason.

Dr. Charles H. Sackrider, "one of Mason's most wealthy and prominent citizens," who "in 1855 in connection with his medical labors . . . began the practice of dentistry, being the first in the place to raise it to the dignity of a profession," relinquished practice because of failing health.

Dr. Charles H. Darrow, a graduate from Albany Medical College, came to Michigan in 1853, practiced in St. Johns, then in Okemos. His health broke in consequence of labor incident to his practice, and having in 1867 been elected to the office of register of deeds he moved to Mason, gave up medical work, and later engaged in mercantile business.[16]

Dr. Ira H. Bartholomew, born in Waddington, New York, in 1828, graduated from Michigan University in 1853, settled in Lansing the following year.[16]

His professional business was large; he was also active in civic affairs; was bookish and cultured.

Dr. Russell Thayer (1822-1865) came from New York State to Lansing in 1854 but relinquished active practice and established himself in the drug business.[16]

Of homeopathic physicians there were in 1880 in Shiawassee County—

Dr. John D. Kergan† and Dr. F. B. Smith, Corunna; Dr. Alex McNeale, Corunna (1870); Dr. B. F. Knapp, Byron (1874); Dr. John Babington, student of Dr. Kergan (1876); Dr. Knapp Bancroft (1877); Dr. Alex R. Ball, Corunna (1878); and Dr. A. H. Annis, Hazelton (1878).[25]

Dr. Duncan Hyndman, born in Scotland, settled in the late fifties in Brooklyn, Jackson County. He "finished his college course" in 1869 and subsequently practiced medicine in Norvell.

Dr. J. N. Shaw and Dr. A. G. Cole were in practice in Durand in 1880.[25]

Dr. John H. Bacon, a native of Niagara County, graduated from the College of Physicians, New York, located in DeWitt, Clinton County, in 1852. He moved to Lansing about 1860.[25]

Dr. G. W. Topping, of whom more elsewhere, came to Michigan from Cayuga County, New York, in 1853, graduated at Ann Arbor the following year, located in DeWitt; was President of the County Medical in 1880;[25] also of the State Medical Society in 1882.

Dr. DeWitt C. Stewart of Genesee County, New York, came to Tecumseh in 1833 and engaged in real estate operations. Later he studied medicine in New York State, and in 1852 returned to Michigan. He practiced in Onondaga and Aurelius, Ingham County, and after 1854 in St. Johns. He was "the first permanent physician in the township" and his ride extended for twenty-five and thirty miles over roads "few and poor." He was one of the original members of the Clinton County Medical Society (1874).[25]

Dr. Charles H. Holt, born in 1854 in Pennsylvania, a graduate of the University of Pennsylvania 1882, settled the same year in Grand Rapids.[14]

Dr. Joseph Barzella Hoskin, born in Coburg, Ontario, in 1850, was a graduate from the medical department University of Michigan in 1875 and for a year in practice with Dr. W. H. DeCamp. He returned to Grand Rapids in 1877 after post-graduate study in New York.[14]

Dr. Wilbur Fisk Hoyt, born in Battle Creek in 1863; received an A.B. from the Michigan Agricultural College, and his M.D. from Starling. He located in Grand Rapids in 1886.[14]

Dr. John Fletcher Failing, a native of Wayne County, New York, 1841, was a graduate from the medical department, Buffalo University, in 1868; practiced in Illinois and in Kalamazoo and Van Buren Counties, Michigan, before locating in Grand Rapids in 1883.[14]

Drs. Alden, Bradish, Holden, Marks, Peters and Wright, eclectics, were in practice in Grand Rapids in 1891. There were also three members of the physio-medical school, Drs. Dunham, Veenboer and Nyland.[14]

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†One, I think, of the flamboyant advertisers Kergan and Kennedy, later of Detroit.

Of these Dr. Albertus Nyland has been for many years a member of the State Board of Registration in Medicine and has made a good record. He has the respect and confidence of his associates, is sincere and fair-minded, and is influential in their deliberations. His personality is engaging.

Dr. James Alexander DeVore, born at Lansing, New York, in 1853, was graduated from Cincinnati College of Medicine in 1877. He practiced in Freeport, Barry County, from 1878 to 1887, then removed to Grand Rapids.[14]

One of the paternal relatives of Dr. James Orton Edie, the late Rev. John Edie, D.D., of Edinburgh, was a member of the European Council for the Revision of the New Testament. Dr. Edie was born in Washington County, New York, in 1837. He studied medicine in Oswego and at the University of Michigan in 1860, afterward graduating at Jefferson in 1864.

He came to Grand Rapids in 1875 with the intention of entering the business of lumbering, "but soon drifted into the old medical lines and has practiced here ever since [1891]."

He was twice county physician of Kent County, was a member of the state and national associations, and the Grand Rapids Academy of Medicine, and was "recording secretary of the now defunct Grand Rapids Medical and Surgical Society."[14]

Dr. Roland Elwell Miller, Lockport, New York, 1859, graduated from the University of New York, 1886, and settled in Grand Rapids in 1888.[14]

Dr. James A. McPherson, born in Canada in 1849, a graduate of the Detroit Medical in 1872, settled that year in Grand Rapids.[14]

Dr. John Alexander McColl, born in 1858 in Fingal, Ontario, graduated at Bellevue in 1886, and settled the same year in Grand Rapids.[14]

Dr. Reynold Jerome Kirkland, born in 1856, was graduated from the medical department, University of Michigan, in 1879, practiced at Reed City, then at Hersey. He then spent a year in 1881 and 1882 at the New York Ophthalmic and Aural Institute, became assistant therein, and was later appointed oculist and aurist to the Eastern Dispensary, New York.

In 1882 he came to Grand Rapids and thereafter limited practice to diseases of the eye, ear, throat and nose; was division surgeon for the Michigan Central railroad, member of the pension Examining Board, ophthalmic and aural surgeon to St. Mark's and U. B. A., and president of the Grand Rapids Academy of Medicine in 1888.[14]

The following physicians located in Grand Rapids:

C. J. Fearing, in 1851; Oscar H. Chipman, February 28, 1852; Sterling W. Allen, in 1852, and D. W. Bliss, in 1854. Dr. Bowman was a classmate of Dr. O. H. Chipman, and had practiced in Canada. He practiced in Grand Rapids for nine years, dying in 1859. Dr. Fearing was a Rhode Island man. He lived in Grand Rapids only two years.[14]

Dr. Christopher James Woolway, born in Canada in 1854, a graduate from McGill, practiced in Grand Rapids from 1875 to 1879, then became surgeon of the Copper Falls Copper Mine in Keweenaw County.[14]

Dr. Benjamin Pyle, born in Kalamazoo in 1859, a graduate of the medical department, University of Michigan, 1883, received his M.A. from Hope College, 1885, and came to Grand Rapids in 1883.[14]

Dr. Austin J. Pressey, born in Cayuga County, New York, in 1845, graduated at the Cincinnati College of Medicine in 1876; practiced at Bowne Center, Kent County, and Freeport, Barry County, until 1886, when he came to Grand Rapids.[14]

Dr. Perry Schurtz, born in Constantine in 1855, a graduate from the medical department, University of Michigan, 1876, settled in Grand Rapids in that year and was in 1891 still in practice there. He was visiting surgeon to St. Mark's and U. B. A. hospitals.[14]

Dr. Ransom Humphrey Stevens, a native of Vermont (1853), was graduated from the literary department, University of Michigan, in 1877, and a year later from the medical department. He practiced in Grand Rapids from 1879, was house surgeon to St. Mark's six years and assistant surgeon to the Michigan Soldiers Home thereafter (1891).[14]

Dr. Albert Yates, born in England, aged 86½ years at the time of his death, in 1929, was the last surviving member of the class of 1872, Detroit Medical College. He practiced in Washington, Macomb County, for fifty-five years, much of the time "taking care of the medical needs of pretty much the entire township." He was among the last of a type which is fast passing away—not only physician, but friend and advisor in health as well as in illness.

> "As the years roll on
> The road grows strange
> The milestones into headstones change,
> 'Neath every one a friend."

He was president and honorary president of the Washington Savings Bank. He is survived by eight children, among whom is Dr. H. Wellington Yates.[28]

The following notice of Dr. Yates' death is taken from the *Detroit Free Press,* issue of February 28, 1929:

> "Funeral services for Dr. Albert Yates, 86 years old, many years sole surviving member of the class of 1872 of the Detroit Medical College will be tomorrow afternoon at 1 o'clock at his home at Washington, Macomb County. He died Tuesday following a brief illness.
>
> "Dr. Yates was born at Lincolnshire, England. When he was seven years old he came with his parents to Zalens, Ontario. Following his education in schools in Zalens and Hamilton, he came to Detroit and enrolled in the newly opened college. He was a member of the second class to graduate from the institution, now known as the Detroit College of Medicine and Surgery. Following graduation he practiced medicine for a few years at Bismarck, Ontario.
>
> "About 55 years ago Dr. Yates moved to Washington, and until a few months before his death was active in caring for the medical needs of the entire township in which he lived. He was active politically and had held numerous township and village offices. More than 20 years he served as justice of the peace and as president of the school board. . . ."

Dr. Sterling Way Allen (1801-1883), graduated in Rochester, New York, and practiced in Pontiac before moving to Grand Rapids in 1852.[14]

Dr. William Henry Aylesworth, born in 1854, was educated in Adrian

(Adrian College) and at the medical department, University of Michigan (1882). He practiced at Cedar Springs and after November 1, 1887, in Grand Rapids.[14]

Dr. Louis Barth settled in Grand Rapids in 1882. A native of Prussia (1859), he was educated in Breslau, Vienna, Berlin, under Virchow, Liebreich, Langenbeck, Frerich and Schroeder; also in Wurzburg (graduate, 1881), and London.[14]

Dr. Teunis Ardenne Boot, born in Holland, Michigan, 1861, was graduated in medicine at the University of Michigan, 1886, and settled in Grand Rapids the same year.[14]

Dr. Joseph Alfred Carbert, born in Canada in 1856, a graduate from Victoria, Coburg, came to Grand Rapids in 1886.[14]

Dr. Herbert William Catlin, born in 1861, graduate from Detroit College of Medicine, 1883, moved to Grand Rapids from Tecumseh in 1884.[14]

Dr. Edwin Butler Strong, born at Reading, Michigan, in 1863, graduate from the Detroit College of Medicine in 1887, practiced in Byron Center, Kent County, and came to Grand Rapids in 1890.[14]

Dr. Archibald Blythe Thompson, born in 1865, in Blythe, Ontario, came to Grand Rapids in 1887, was a licentiate of the Royal College of Surgeons, Edinburgh, and of the faculty of Physicians and Surgeons, Glasgow.[14]

Dr. William Halleck White, who settled in Grand Rapids in 1884, was born in New York State in 1860, and was graduated at the University of Michigan in both pharmacy (1882) and medicine (1884).[14]

Dr. John D. Lewis, born in New York State in 1846, was known in 1900 as the "oldest practicing physician and surgeon in Ada township, Kent County." He was educated in medicine in the University of Oswego (1871) and at Bellevue (1882). He came to southern Michigan in 1884 and to Ada township in 1886.[15]

Dr. Jacob Bentum (1830-1888), born in Amsterdam, practiced there for six years after graduating in 1853 at the University of Leyden. He came to Grand Rapids from Muscatine, Iowa, in 1863. His death resulted from typhoid fever.[14]

"The physicians at present [1880] residing in Vicksburg are four in number, as follows:

"Dr. Ezra Smith visited the locality in 1843, and purchased land on sections 9 and 10, in Brady township. He was from the town of Clarendon, Orleans County, New York. In April, 1846, he removed with his family and settled on his place in Brady, and in August, 1856, located in Vicksburg, which has since been his home.[19]

"Dr. Abner Caldwell had lived and practiced here several years before Dr. Smith came. Drs. Beebe and Hill were also here previous to Dr. Smith's arrival. Dr. Jones practiced a year or two in the place at about the same time.

"Dr. Norman A. Hill came to Michigan from Allegany County, New

York, and lived in Nottawa, St. Joseph County, for a time previous to his coming to Vicksburg.

"Dr. S. C. VanAntwerp, whose family was originally from the State of New York, removed to Vicksburg in the spring of 1878 from near Angola, Indiana. His parents at present reside in Morenci, Lenawee County, Michigan.

"Dr. George Newton also has an office in the place.

"D. G. Holbrook was here in 1878, but has since removed to Illinois. Numerous others have located in the village at different times, but their sojourn was brief, and they sought more congenial fields.

"The physician who has been longest in practice here is Dr. Hill, and Dr. Smith is next on the list."[19]

The physicians located in the village of Schoolcraft in 1880 were "Dr. Nathan M. Thomas, the pioneer of his profession in the county; Dr. B. Barnum, a native of Cayuga County, New York, who came with his parents to Van Buren County, Michigan, in 1936, and first located in Schoolcraft in April, 1854; Dr. M. Freeman, not now [1880] in practice, a native of New Jersey and a resident of Michigan since 1842; Dr. J. W. Briggs, a native of Yates County, New York, and a resident of Schoolcraft since 1854, had studied here in 1844 and 1845 with his brother, Dr. Joseph Briggs, who died in 1854; Dr. W. H. Fox, a native of the Mohawk Valley, New York, resided in Schoolcraft since May, 1844, not now in extensive practice; Dr. T. C. Owen, a native of Champaign County, Ohio, in Schoolcraft since May, 1876; and Dr. J. F. Chapin, who came from Pennsylvania in May, 1879."[19]

Of these Dr. William H. Fox was a graduate of Fairfield. He "had an extensive practice and has taken a high rank." He was a member of the State Medical Society for many years.[19]

Dr. G. R. Wightman came to Comstock from Oswego County, New York, in 1853 and was in 1880 "the oldest physician in practice in Galesburg."[19]

Dr. W. T. Stilwell, a graduate from Geneva Medical College, practiced, after 1856, for many years in Galesburg, "then removed to Kalamazoo, where he now resides [1880]."[19]

Dr. O. F. Burroughs had an eclectic course in Monroe County New York; graduated at the University of Michigan in 1854 and practiced in Galesburg after 1856. He was health officer, supervisor, and superintendent of the county poor.[19]

Dr. M. W. Alfred came from Colon to Comstock in 1864. He died nine years later "and was buried with Masonic honors."[19]

Dr. J. A. Porter of Brooklyn said his experience (in the matter of cancer of the uterus) had been altogether different from that of his "surgical friend Carstens."[43] He "got so discouraged" that he did not "undertake these cases for quite a while" and sent the patients to surgical friends who "took them, operated upon them, and they died just as nicely as if they were not operated upon."

Dr. Carstens inquired, "Which is the easier death?"

Dr. Charles H. Lewis, born in 1840 in Concord, Jackson County, was the son of a physician who settled there in 1836, and practiced in Concord and Jackson until his death in 1867.

Dr. Lewis received an A.B. from the University of Michigan in 1862, was a student in the chemical laboratory there the following year, and was graduated with the degree of M.D. in 1866. During the last two sessions previous to graduation he was instructor and demonstrator of anatomy. He practiced in Union City in 1873, then located in Jackson.[18]

He was known to the reviewer of the above sketch as a sincere, competent and successful physician.

"Dr. Brown was sent for, but although an excellent physician he was no surgeon and upon examining the wound he fainted. Our subject attended the man and extracted the bullet."

The above story is told of Dr. Joseph Bowdish Hull of Lansing. There having been many Doctor Browns on this planet, concealment of this one's ineptitude need not be made. His initials and residence are not revealed.

However, Dr. J. B. Hull, the present writer knew, and his competency would not be questioned by any pioneer of the Capital City.

Dr. Hull was a student with Dr. Brown when the above mentioned tragic collapse occurred. This "determined him to study medicine and surgery elsewhere." Financially unable to study away from home, he secured a position with contractors building the Kalamazoo and New Buffalo railroad, meantime accumulating and reading "quite a medical library." Later he studied with Dr. J. Adams Allen, then of Kalamazoo and professor in the LaPorte Medical College. Later still, when Dr. Allen was elected to a chair in the Michigan University, he was there a student and was graduated in 1852.

He practiced in Leoni three years, then married and went to Lansing, and in 1891 had all the practice "he wishes to do."

He attended the Under-the-Oaks convention in Jackson in 1854 and voted with the Republican party for twenty years, "when he became dissatisfied with the course taken by the Government in dealing with the whisky revenue thieves." He was appointed by President Lincoln in 1862 a member of the Board of Examining Surgeons for Pensions but becoming a Democrat, he was removed from that position in 1876. He has filled numerous offices—alderman, superintendent of the poor for Ingham County, director of the poor and city physician, Lansing, and physician to the (then) State Reform School. He was a member of the State Medical Society and secretary in 1891 of the Lansing City Medical Society.

In 1870 he was elected secretary of the State Insurance Company, which "was nearly in its death throes," but with the assistance of its president, Dr. I. H. Bartholomew, "placed it on a solid foundation." It eventually "died an honorable death."

Dr. Hull was a Mason, "a firm temperance man, using no tobacco, or alcohol in any form except as a medicine."

He had a son, Dr. Jesse B. Hull, who was graduated in medicine at the University of Michigan in 1886.[37]

He was an army surgeon.

Dr. George J. Longbottom, a graduate from London (England) University Medical College in 1838, came to Kalamazoo in 1849. He "won the hearts of all with whom he became intimate."[19]

That an Englishman could have thus made his way into the affection of the pioneers, so soon after 1812, speaks volumes for deserving. He died in 1864.

On the other hand Dr. Thomas Bradshaw, of like nativity and medical education, who came to Kalamazoo in 1851, "was for some reason an eccentric, misanthropic recluse, scorning all conventionalities, but commanding attention and respect from all who had intelligence enough to appreciate his knowledge and mental powers."[19]

This reads more like my boyhood notions of Englishmen.

Dr. Bradshaw survived until 1864. His impressions of our "War between the States" would be interesting reading, but are not revealed.

Dr. Coates was for a time associated with Dr. Longbottom. He left the county in 1850.[19]

"Dr. J. H. White, coming to Kalamazoo in 1847, stayed but a few years, left on account of his health and is now dead [1880]. He was a genial man and a good physician."[19]

"Drs. Mack and Boles, both dead, were each of them a short while in practice among us. Dr. Mack removed to Kankakee, Illinois, became wealthy and politically prominent in the State, and died there."[19]

Dr. Edward Lee practiced in Kalamazoo for about a year, in an early day. He returned to his old home in New York and died of consumption.[19]

"Drs. Forbes, Chase, Fitch, Laubenstein and Upjohn, Sr., each practiced for a time in Kalamazoo. All are living but have left this field [1880]."[19]

Dr. Edward Clapham, a native of England, practiced for a few years in Kalamazoo. He died in 1879 in Canada.[19]

A grandson of Dr. William Mottram of Kalamazoo, Dr. Arthur Ransom, was for a time associated with Dr. Clapham in practice.[19]

During the late Civil War came to Kalamazoo Drs. I. W. Fiske, W. B. Southard and Moses Porter; after the war Drs. W. T. Stillwell, Henry U. Upjohn, Helen M. Upjohn Kirkland, J. M. Snook, H. H. Schaberg, O. B. Ranney, A. Hochstein, Mrs. M. L. Towsley and Morris Gibbs. Drs. L. C. Chapin and W. H. Johnson were also living there in 1880 but were not in practice.[19]

Dr. John S. Hulbert, formerly of Buffalo, practiced in Galesburg from 1874 to 1877.[19]

Dr. William L. McBeth came there from Barry County in 1876. Dr. F. B. Delano in 1879, and Dr. John S. Martin, a graduate from the homeopathic department, University of Michigan (1872) in 1878.[19]

"A most accomplished physician and surgeon, Dr. John B. White, of Saginaw, Michigan, died of erysipelas at home [in] 1894. He was attending a patient suffering from erysipelas, and in reaching for an instrument from his case, he struck his head against the globe of an incandescent lamp. The sharp point pricked the scalp slightly. He put his hand to his head, and thereby inoculated himself, and within forty-eight hours was beyond the reach of medical skill. Dr. White was a well-known physician, as he had practiced in Saginaw for over forty years. He was born January 13, 1826; was a farmer boy until eighteen; was educated at a common school; studied medicine with Dr. H. B. Moore, of Manlius, New York; in 1844 attended one course of lectures at Geneva; graduated from a Philadelphia college; practiced in Manlius; was offered the appointment of demonstrator of anatomy in the College of Dental Surgery, of New York, in 1854, but did not accept, as he had determined to move to Saginaw, where he has been in practice ever since. Twenty-five years of the time he spent in general practice, since which time he had devoted himself mostly to gynecology. Dr. White was studious, proud of his profession, and upheld its dignity. He helped to organize the State Medical Society; was a member of the American Medical Association. He had been a faithful servant to the sick for many years. The world is better because he has lived. Both the profession and the people have lost a faithful friend."[43]

The ophthalmologists have justly played a vigorous and important part in the proceedings of the State Medical Society. Their section after a time grew so large and active that it was separated from that of surgery. In Transactions for 1896 there are eight items, and new instruments (H. M. Dunlap, Battle Creek, and L. E. Maire, Detroit) were presented in two.

Dr. C. H. Baker of Bay City waged warfare on the tonsils and the battle is still going on. It has been unusually effective and determined and the front well organized. We shall see what we shall see, but among the features of the landscape will, from present indications, appear a small number of these objectionable anatomical excrescences.

Dr. D. Milton Greene of Grand Rapids writes of "Carcinoma and Sarcoma of the Nose."[43]

Dr. W. N. Smart of Grand Rapids writes in 1880 "On the Importance of Ascertaining and Correcting Errors of Refraction in some Diseases of the Eye."[3]

Dr. A. E. Bulson of Jackson gave a paper on "Neuro-Retinitis" to the State Medical Society in 1895.[43]

"Albert E. Bulson was born in the state of New York August 19, 1847.

His father died when he was eight years old, the mother marrying again. While still a small boy the family moved to northern Indiana. When the Civil War began he was still under fourteen years of age, but he made strenuous efforts to enlist as a soldier. He was of course rejected on account of his size and age, although he lied patriotically as to his age. Finally on one occasion he stowed himself surreptitiously on a train carrying a load of volunteers to Cincinnati. The boys all wanted him and the colonel exerted his ingenuity to find a way. Finally on orders some one bought a second hand fife and getting the boy to practice at odd hours in lonely places he was enlisted as a fifer in the first call for troops while still thirteen years old.

"He was in the army of the Potomac, in every battle from first Bull Run to Appomattox. He was honorably discharged July 5, 1865, as chief musician of the regiment.

"At an early age he married Miss Sarah Abbott of Lawton, Michigan, and graduated in medicine at the Chicago Medical College in 1868. He began practice at Gobleville, Van Buren County, Michigan, practicing some years. His wife dying, he later married Miss Florence I. Breck in 1878. He later removed to Broadhead, Wisconsin, having at the time an older brother practicing at Janesville, in the same state. During this time he had taken also a general course at Bellevue Medical College, New York. After practicing for some time in Broadhead he took a long special course on eye, ear, nose and throat in New York, and in 1888 began practice as a specialist in these branches in Jackson, Michigan, which he continued successfully to the day before his death, September 3, 1928, after passing by a little more than two weeks his eighty-first birthday.

"He was a fine man physically and mentally. Up to the time of his death his mind showed scarcely any signs of his advanced age. He was always a man's man, and from the time of his residence in Jackson was an enthusiastic member of the Michigan State Medical Society and of the local Society. He was high in Masonic and G. A. R. circles. He had the most prominent part in organizing the Jackson County Medical Society, the Jackson Academy of Medicine having expired some years before. He was the president of the new Society for the first two years, 1901 to 1903. He was president of the State Medical Society, and for many years councillor for the district in which Jackson County is situated.

Through his first marriage he is survived by Dr. A. E. Bulson, Jr., of Ft. Wayne, Indiana; through the second marriage by Dr. Glenn A. Bulson, Ft. Bayard, New Mexico, and two daughters.

"Dr. Bulson was a member of the Council for many years, following the re-organization of the Society in 1901. On relinquishing his office as councilor he was elected to the office of president.

"A life rich in years, service and friends was his. He rightly maintained an unassailable place among outstanding men. He was of a character that exerted a wholesome, inspiring influence upon all fellow-men. As a profession we are vastly richer, due to his contributions and service. We revere his memory and jealously prize all that his life bequeathed."[43]

The following excerpts are taken from "The Doctor's Hobby Horse," subject of the annual address on surgery to the Michigan State Medical Society in 1896 by Dr. C. H. Baker of Bay City:[43]

"There are hobby horses of various breeds, scrubs and thoroughbred colts and boneyard candidates, and astride of one a man to the average beholder resembles nothing so much as a long legged Texan mounted on a broncho, but to the man himself, the animal has all the goodly proportions, slick hide and padded ribs of Don Quixote's Rosinante."

"Periodically a wave sweeps the medical world as the tides follow the moon."

"Has any person in this presence ever inflated a poor consumptive to bursting with Burgeon's sulphuretted hydrogen gas for the purpose of driving the bacilli in disgust out of doors for a breath of fresh air? How many of you have stored in your attics or sent to the junk dealer a pneumatic cabinet in which you buried so many hopes and hard earned dollars?"

"Has anyone here removed a hand-breadth of bone from the prematurely ossified skull to leave room for an idiotic brain to grow? Do you know any woman who has been needlessly sacrificed on the altar of Battey's operation, or is going about guyed up by a shortened round ligament like a boy lifting himself over the fence by his suspenders?"

"Does anyone think that a certain Eastern neurologist owes his lengthening years to the proddings of a hypodermic syringe loaded with juices of a reproductive gland?"

"Choose a hobby that is independent of the weather, which, useful in the dreary days, grows better as the sun rides higher. The gun and rod . . ."

"Would our genial poet-surgeon, Graves, be more famous had he devoted his chief energies to poesy or should we have another Daguerre had our distinguished Dr. Connor made a business instead of a holiday with his little kodak? Do you love Johnston [Collins H.] less because his hobby canters within the walls of a medical library, or Manton or Walker less because one loves to cultivate the embryo and the other to capture the mature denizen of the rippling brook trout? The socialistic amble of our beloved Inglis has not less endeared him to us all and the frequent canters of our broad shouldered Smith [Eugene] in foreign lands have widened his horizon and made him cosmopolitan. So whether we fish or shoot, paint, draw or press the button, whether we herbalize, mineralize, generalize or specialize let us paraphrase the old song—

Wait for the hobby,
The respectable old hobby,
The health bringing hobby
And we'll all take a ride."

Baker is an ophthalmologist of clear mental vision and here is an excerpt from the presidential address of Dr. H. O. Walker, who was likewise favored:[43]

"A week or more during the year with a dog, rod and gun will produce better results than a car load of cerebrine or other animal extracts.

"Did you ever stand on a runway on an early morn, and hear the baying of hounds, a music that surpasses that of Wagner or Strauss, or stop with unerring shot a whirring grouse, the greatest of American game birds, or cast a fly for a speckled beauty or a gamey bass, and feel the thrill of magnetism that it produces when reeling it in? No pharmaceutical preparation can ever produce such an effect."

Dr. Henry C. Fairbank contributed liberally to the erection of churches in Flint and Grand Blanc. He was a member of the Court Street M. E. Church, Flint, and of its official board.

He served as member of the Flint School Board and as health officer for the city; was a Republican in politics and an ardent prohibitionist.

"While living at Grand Blanc he once assisted in prosecuting some liquor sellers at Whigville and had incurred their displeasure thereby. One night, in his absence, his house and barn were tarred and feathered as a result of his activity in this direction. He often said that he lived to attend the funerals of the perpetrators of the outrageous deed although most of them became warm friends long before their demise."[33]

At the October, 1866, meeting of the Wayne County Medical Society, "Dr. Theo. A. McGraw presented a paper, 'On Blood-letting in the Diseases of Infancy,' taking ground in opposition to it as a remedy of value except in very rare cases. The paper excited considerable discussion in the course of which the existence of a mutation in the type of disease within the last forty years† was brought up, and it was alleged by the older members of the profession that in the present time it was rare to see the symptoms of sthenic disease which so often called forth the lancet in the early part of the century."[4]

"Dr. Willson was our physician, coming to us from Kasson township, Leelanau County. He was an excellent doctor and fine scholar, teaching during the winters. He continued this occupation after he became totally blind. He was to send us some medicine and I was sent on horseback to get it. On my return about a mile from home I met a big black bear which frightened me beyond measure. I screamed in my fright when the bear turned, looked at me and scampered off into the woods."[33] ("Reminiscences of Grand Traverse Region"—Mrs. Martha Gran.)

"A doctor at last came to the village [Eaton Rapids?]. I will give a brief history of the first three. Dr. Sumner‡ was tall and nice and very dignified. He would enter a house, hear a patient's story of shaking and suffering in perfect silence. Then he would say, 'Yes, I see, all run down, very weak, bilious, debilitated. We must draw off all the bad blood and give you a chance to make new and get strong again, give me a bowl and a bandage.' They were brought and the poor victim gave up poor blood that was merely keeping the heart beating. The charge for a visit was a dollar, and fifty cents extra for bleeding. So every one in the house who was ailing, sometimes a whole family had to be bled. The doctor forgot his lancet one day and so took his jack knife and sharpened it on his boot leg and bled all the family of Mr. Reagan. When he came to little Susan the hurt and fright were so great that she died in his arms. He came to our house but mother would not let him touch one of her children. Father was growing worse and tried the doctor's remedy; in fifteen minutes he was dead. Another doctor came and said that was no way to do, he never bled his patients, he wound them in a wet sheet. A promising young man, one of the very best, Sumner Hamlin, was wrapped in cold, wet sheets and died. Yet another doctor came and he sent a man and team down to Grand Ledge to get a load of hemlock bark which he would steep strong and give them hemlock sweats when they were so weak that they died from the heat and exhaustion.

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†Matters always mutate in forty years, never in thirty-nine or forty-one. C. B. B.

‡A Mr. Sumner entered 156 acres in section 26 in 1836. No mention is made of Dr. Sumner's name as physician in any of the records we can find, and undoubtedly he could not be called a regular physician.

You may ask did these doctors get rich. Oh, no, they got the shakes, took some of their own medicine and soon died."[33]

Dr. David C. Goodale was born in Maybridge, Vermont, November 10, 1809. He was graduated in the Medical College of Castleton, began practice in Panton and was for many years secretary of the Addison County Medical Society.

During the political campaign of 1839-1840 he published the *Green Mountain Argus*. He came west in 1852 and located in Traverse City with the intention of discontinuing practice; but the needs of the settlement induced him to reconsider and for many years he was the only physician in the vicinity.

He was appointed postmaster of Traverse City, in which position he continued until after Lincoln's election, "when in the course of events incident to a change of administration he was removed."[33]

He came to Traverse City to "keep the boarding house of Hannah Lay & Company. It was a part of the contract between the doctor and the firm that his eldest daughter, Helen, then in the fifteenth year of her age, should teach school."[33]

Dr. Goodale died November 13, 1878.

Dr. Louis Davenport of Detroit died October 22, 1879. Resolutions of sympathy on the part of the profession, prepared by Drs. Brodie, Bissell and Lauderdale were adopted at a special meeting. Similarly the Wayne County Medical Society expressed itself through its committee, Drs. Gustin, Lyster, and Richards. The latter resolutions suggest as a consoling thought, to the family, that their loss "cannot but be his gain." "Thus one by one we pass away?" reads the memorial notice,[32] but why the interrogation point is not clear. There certainly is no disputing this irreducible minimum.

Dr. Davenport was rightly estimated one of the "most gifted members" of the profession and the best tribute to his memory lies in the fact that he was invariably "Louis" to his associates.

Dr. Louis Davenport was born in Detroit in 1829; was graduated at the Western Reserve, practiced in Houghton for two years, then came to Detroit and was associated with Drs. Russell and Terry; was surgeon of the Marine Hospital, Detroit, from 1861 to 1867. "He was a skillful physician, a kind hearted gentleman, an affectionate son, and had many warm friends."[33]

"Although 86 years of age and one of the oldest practicing physicians in northern Michigan, Dr. T. H. Maynard of Clare is one of the most active men in this community and his step is light as he goes about the city on foot attending his patients.

"He is a pioneer of Clare, who took up a homestead in Vernon township, a few miles southwest of the city, in the fall of 1866, four years before a single pine tree had been cut or a habitation built on the land now occupied by this little city.

"On coming to Clare from Indiana, where he studied medicine and first began to practice, Doctor Maynard was forced to walk long distances to visit his patients using the settlers' or Indian trails crossing the Tobacco river on logs, through the great pine forests. During his first year in Clare he walked 2,500 miles, he says.

"Money was not plentiful at that time but the cure of a child whose life was despaired of and with whom he spent several days and nights in constant attendance won for him a reputation in the new country which brought calls for his services from far and near.

"A few years later Dr. Maynard purchased a horse and during an epidemic he spent most of twenty-seven days and nights in the saddle. The only sleep he had for three days and nights was gained in the saddle while riding between the homes of his patients.

"With all of this travel, his patients were able to pay him but little money and at times he went to bed hungry. He said recently, 'I shall never forget the time when all the food I had in the house consisted of crackers. I ate nine for supper and the balance for breakfast, making them more palatable by pouring hot water on them and seasoning them with nutmeg.'

"He tells of the kindness and neighborliness of these early pioneers who had no money but always were ready to share what little food they had with their physician and friend.

"The doctor keeps regular hours. 'When not professionally engaged,' he said, 'I go to bed at nine o'clock and get up at five in the morning for I have to look for chances to earn a dollar with which to buy johnnycake for breakfast.'

"He has been a member of the Masonic fraternity for sixty-two years and an earnest, devout Christian forty-seven years.

"Dr. Maynard spends from one to two hours each day in reading some standard authority on medicine. He has not been without sorrow in his life for he has buried six children and four wives."[42]

Of one (not a physician) it is somewhere recorded that "Gov. Rich appointed him Adjutant General and that while holding that appointment dropped dead." This is here introduced as a contribution both to vital statistics and syntax.

Of another (not a physician) that "he was overseer in a cotton mill for some years and superintendent of Dr. J. C. Ayers & Company's patent medicine manufactory seven years." Symbolic number 7. What is its especial significance in the context?

On April 27, 1881, Dr. Wilhelm Decker, who received the degree of B.A. from the University of Michigan in 1873, and that of M.D. in 1878, left his home in Mt. Clemens in company with three friends, for a day's fishing on Lake St. Clair. From this outing not one returned alive.

The Detroit Crematorium was completed in 1887. It was erected by the Michigan Cremation Association which numbered in its membership Drs. Hugo Erickson, James F. Noyes and Justin E. Emerson.[29]

Cremation has not made rapid progress in Michigan. It is recorded of a pioneer resident of Okemos, Ingham County, who died in 1891, that his remains were at his request taken to Detroit to be cremated.

Mulheron favored it. "Were the clergy to advocate," he says, "as they consistently might, the substitution of rapid oxidation for the method now in vogue, which takes years to accomplish the same end, crematory furnaces would, within a comparatively short period, be erected in every populous center in this and all other Christian countries. Until our spiritual advisers, however, come out on the side of incineration, crematories will continue to be unfashionable, and unless a thing is in fashion, it is liable to droop and die in spite of its demonstrable merit."[30]

The competent historian Mr. George B. Catlin of the *Detroit Evening News,* contributed to the winter number, 1930, of *Michigan History Magazine* a thoroughgoing review of cremation in Michigan.

A meeting instigated by Dr. Hugo Erickson, of which Dr. J. H. Carstens was chairman, was held August 7, 1885. In March of the following year (1886) the Michigan Cremation Association was organized. In a circular issued previous thereto, the committee announced that the "names of all persons, who so desire," would be kept "strictly confidential.". Among directors elected were Drs. James F. Noyes and Hugo Erickson; the first was made president and the second, vice-president. Other physicians than those above mentioned at some time identified with the organization, were U. Kreit, A. N. Pierce, Andrew J. B. Jenner, C. R. Eggemann, B. Rudolph, Theodore A. McGraw, E. L. Shurly, J. E. Emerson, Ernest Schorr, Herman Kiefer, Guy L. Kiefer, P. M. Hickey, Otto Scherer, Henry L. Obetz, Robert L. Schorr. Dr. O. W. Wight signed "a circular setting forth the advantages of the reform" but did not acquire membership in the association.

The first incineration, December 10, 1887, was of the remains of Mrs. Barbara Schorr, mother of Dr. Ernest Schorr. Dr. Samuel P. Duffield is mentioned by the *Detroit Free Press* as among those present. On this historic occasion Dr. Hugo Erickson spoke eloquently, saying among other things, "Incineration is come to stay, and I am proud that my countrymen recognize the advantages of it so quickly. . . . Mrs. Barbara Schorr, whose inanimate form we are now about to deliver up to the elements, was a good Christian, a member of the Lutheran Church. With the remarkable intuition of a woman she at once perceived the advantages of incineration and stated her desire to be cremated after death . . ."

The association eventually disbanded, and its properties were taken over by the Woodmere Cemetery Association. During the forty-two years of its existence incinerations totalled 2,664, increasing "from three in the opening year to over 100 at the close."

In the year 1913, August 27 and 28, the Cremation Association of America was founded and Dr. Hugo Erickson elected its first president. The Detroit Crematorium was the "first in the Northwest."

Verily, vital reforms make slow headway in getting themselves adopted.

After the meeting in 1885, the State Society was entertained at the Oakland House, St. Clair, where "under the inspiring strains of sweet music, rendered by the Port Huron Glee Club, and eloquent speeches in response to toasts, the time sped swiftly to the small hours of the night, when the meeting adjourned. All were invited to remain over night, and some availed themselves of the invitation and retired for the remainder of the night."[43]

The writer wishes to record an alibi. He was not present at the meeting or among those who "availed themselves," etc., etc.

The last official act of Dr. Maclean (1885) was introducing the president-elect, Dr. E. P. Christian. He did not forget to congratulate the society on having elected so worthy a "Christian" to the presidency. For the comfort and uplift of his descendants this expression is here introduced.

Specialists

"In our own mind the question is reduced to just this; medical and surgical science have already developed to that extent that no single man can be thoroughly versed in *all* its departments" and "specialties (spelled 'specialities' but this is immaterial and probably due to imperfect proof reading) there always have been and probably always will be. Specialists will increase in numbers and influence."[4]

Who said that the general practitioner, the "family doctor," was in the saddle three score years ago? This must have been true of the "outlying districts" only.

Michigan as a Health Resort

Boosting of Michigan for climatologic and other advantages was not limited to realtors in the mid-nineteenth century. Medical men took a hand. Dr. A. Platt of Grand Rapids discovered that we were "bounded on three sides by inland seas," that the surface of the country in undulating; the soil rich, varied and fertile; the "atmospheric transitions are less," a large amount of aqueous vapor renders the atmosphere moist and the dews copious —this moisture emanating fresh from such bodies of pure water "cannot be mingled with any substance deleterious or hurtful."

While Ypsilanti on January 16, 1863, was enduring 10 degrees below zero, Grand Traverse was basking in 7 degrees above and Holland 8 degrees above. Grand Rapids is not mentioned in these comparative statistics but it is recorded that in January, 1856, at Madison, Wisconsin, there was for the first twelve days of the month a mean temperature of 1.66 degrees below while Grand Rapids enjoyed in the same period 11.58 degrees above—a difference in favor of Grand Rapids, 13.24 degrees."

"Moisture not only modifies the temperature but has a sanative effect upon the respiratory organs."

Dr. Platt derives confirmation of the opinion he had long entertained that the climate of Michigan and more especially of the northwestern counties is peculiarly healthful, by a study of draft exemptions on account of consumption (Michigan ratio, 2.42, ratio of all the loyal States, 11.18) and feels satisfaction in being the means of directing public and professional attention to the "climate of Michigan as a therapeutic remedy in consumption."[4]

Discussing "Resurrectionists" editorially Dr. Mulheron is brought "to the newspaper rumors of the doings of the demonstrator of anatomy at Ann Arbor, Dr. Will J. Herdman. Janitor Naegele had been accused of obstructing the search for the body of Devins and of refusing to deliver to the friends the remains, until certain charges for injecting, et cetera, had been paid, and Naegele claimed to act under instructions from Dr. Herdman.

"We ourselves, know Dr. Herdman too well to give credence without sufficient proof to any of the above rumors."[32]

All of which goes to show that the sentiments of faith, hope and charity were not wholly extinct even in that acrimonious age.

Instruction in anatomy to students of the University of Michigan in the seventies was not confined to the teaching staff of the medical department. There was a coadjutor in the person of Mr. Naegele, custodian of the anatomical parlors, and his advice was not infrequently sought by those who toiled and moiled therein. He knew every bone, nerve, blood vessel, ligament, foramen and viscus of the human body from the *iter e tertio ad quartum ventriculum* to the *tendo Achillis* and cheerfully imparted information. He was familiar with the "subject" and from his own account given in a moment of confidence, he had, I infer, been at least once suspected of following a precept of the Epworth League to "lend a hand" in procuring it. At all events he was haled to, or found himself, once upon a time in Flint and the center of a group of excited citizens, whose explosive utterances of "hang 'em, hang 'em" were somewhat trying to the nervous system. "I tot dhay were goin' to do it," he admitted.

There were other agencies, extra mural and remote from the campus available to the student of social and medical ethics. One such a "place" in town was a popular rendezvous. In it an episode of which the writer was a witness, occurred during a social session comparable with the German "Kneipe." A recent graduate took occasion to criticize an eminent surgeon for making a primary amputation of the thigh; and possibly forgetting that among his auditors was a young relative of the surgeon, with tragic emphasis concluded "he might as well have stuck a knife into his hear-r-rt." Whereupon in parlance of the prize ring, he received a "push" in the face, and chair and occupant were overturned upon the floor. Manifestly this was an opportune time for the other students and the personnel of the "place" to interfere and a possibly sanguinary encounter was averted.

Advice from the proprietor was forthcoming from time to time when he anticipated trouble in the "place." To one student who had intimated that a verbal encounter was imminent between him and another, he remarked concerning the latter, a discredited individual, that it was "useless to undertake a" micturating (or some equivalent word) "match with a skunk. If you win, you lose." His philosophy was on occasions of the "broad" type, but highly impressive and influential.

" 'Something like a medical student' was the unique description which the reporter of a police court recently gave of a young scrapegrace . . . Medical students have enough sins of their own to answer for, but we were not hitherto aware that there was anything typical in their offences or demeanor."[32]

A resourceful individual was Dr. Francis H. Berrick. He was born in Massachusetts in 1823, studied theology until 1852, graduated from the Harvard Law School in 1861, was admitted to the bar in 1864. He began medical study in 1865 and after graduating from the Hahnemann Medical College in Chicago took up his residence (1868) in Buchanan, Michigan.

He was senator from the Twelfth District in 1875 and 1876.[31]

Dr. John Marcus Swift of Northville, born in Nankin in 1832, was graduated at the Eclectic Medical Institute of Cincinnati in 1854 but "as a recognition of his original contribution to medical science, particularly to a dissertation on diphtheria" received a degree from Rush Medical College in 1864. He became a member of the State Medical Society, the American Medical Association, and the Wayne County Medical Society; was an honorary member of Sydenham Medical Society of London, England, and a councillor of Detroit Medical College."

He was appointed by Governor Bagley in 1876 "one of the commissioners to plan and locate the State House of Correction."

"He speaks well in public and on occasion supplies the vacant pulpit of his own [Presbyterian] and neighboring churches with lay sermons."[33]

He was "a fine tenor singer, took great interest in music and through him largely Northville had a wide reputation as a musical town."

He was one of a commission to locate the House of Correction at Ionia in 1876; was representative from Wayne County, 1865 and 1866.[31]

Writes Dr. J. B. McNett, "In the fall of 1857 I came to Nortonville [Ottawa County] . . . At that time Dr. Monroe was the only physician in this part of the country . . . I soon began to have a practice that extended to Mill Point where I came in contact with Dr. VanDuzen who was surgeon in chief at that post . . . As Dr. Monroe [of Grand Haven] was anxious to retire and was always willing to give me his patients, especially those that could not pay, I soon gained a large practice.

"In 1858 Dr. North located in Grand Haven. Dr. Barnes was a man of medical ability who gave me much good advice . . .

"At the close of the war Dr. VanderVeen came to Grand Haven and still remains [1886]. He has always been a competent and faithful servant of the people . . . [He died March 14, 1930, aged 89.][27]

"Dr. Reynolds, the pioneer of homeopathy in Grand Haven, has won himself many friends. Dr. Marsten settled in the city for a short time and is still pleasantly remembered. Dr. Styles remained but a short time. Dr. Biggs has also practiced medicine for several years. As the village grew . . . other physicians came. Mill Point became Spring Lake and Dr. Van Duzen was succeeded by Drs. Comfort and Baldwin, followed by Drs. Bates and Brown, who are still there. Dr. Walkley shared the honors and profits for a time. In December 1879 Dr. Smart came to make Grand Haven his home and still finds it in his interest to remain. Dr. Palmer came about the same time, and continues to heal the afflicted in this city and surrounding country.

"The Mineral Springs at Spring Lake and Grand Haven have attracted people from all over the country. At the former place Drs. Hunter and Brown have had charge. Dr. Leeland presided at the Springs in Grand Haven, succeeded by Dr. Payne, who came with a great flourish of trumpets, but failed to relieve pain so signally, that he left the sanitarium in better hands after his second season.

"Dr. Monroe was the pioneer in the practice of medicine in Ottawa County. He traveled up and down the lake shore on foot, on horseback, or in a canoe suffering hunger and fatigue in his long tedious trips. A shrewd energetic man, he has been successful, such as he will be. He was always able to paddle his own canoe. Then Dr. Monroe was the old doctor and I was the new. You all know that the new doctor is a great fellow, and performs many wonderful cures, so did I; and even raised the dead, which I can prove by Joe Lemon . . . I was met at the door by Joe, who said 'Doctor you are too late, the man is dying.' I called for a mustard plaster and a jug of hot water . . . put on the plaster and told Joe to rub him . . . The patient rallied [after his 'eyes were set and his jaw fallen']"[33]

Dr. James M. Long who came to Coldwater in 1861 and Dr. George K. Smith, in 1852 were prominent physicians of that city.[11]

"During the nineties there passed away Charles Reading, of Quincy, July 2, 1891, at the age of eighty-six; Jessie L. Cady, at Coldwater, June 21, 1892; Edward Twiss, at Union City May 12, 1895, aged seventy: Thomas W. Watkins, at Quincy, June 28, 1896; Dennis W. Rogers, at Union City, January 24, 1898; Timothy Baker, at Union City, February 20, 1898, aged eighty-one years; Dorr Fitzgerald, who had been in Union City since the seventies, on August 27, 1898, aged seventy-eight; and Jay Wright, at Union City, May 3, 1899."

"Lansing C. Marsh, who began practice in Coldwater in 1853, died in Coldwater October 14, 1900, at the mature age of seventy-nine. Dr. Cornelius H. Woodcox, who first practiced in Gilead and later resided in Coldwater, died April 21, 1903, and on January 4, 1904, Coldwater lost Dr. Daniel S. Cunningham. November 12, 1904, Quincy lost Francis E. Marsh, who had practiced there for over twenty-five years, and was seventy years old at the time of his death. Less than a year later, on March 28, 1905, occurred the death of Hawkins A. King at Quincy, at the age of seventy-six. He had also been connected with the medical profession of that village a number of years."

"The older physicians have nearly all gone, and there are only a few whose careers in the county go back twenty-five years."[11]

Dr. Charles A. Baldwin, born in May, 1854, a graduate of Western Reserve College in 1873, located in Jackson in 1880 after four years practice in Concord.

The biographic sketch indicates that he was quite unprejudiced in prescribing. He was for three years connected with the U. S. Marine Hospital.[18]

Dr. Phillip H. Green "began practice in this village in 1870 and is still in the harness [1897]. Not having practiced anywhere else he is Vermontville's sole indigenous physician."[33]

"Dr. Hathaway of Breedsville was the first physician who practiced in this region and while here on a professional visit in 1854 was so much pleased with the country that he purchased two acres of Mr. Morehouse and soon after erected a house and lived there following his profession."[10]

"The Rev. J. L. Marvin, one of the pastors of the Lawrence Congregational Church, also practiced medicine from 1844 to 1851, when he moved to Paw Paw. Previous to Dr. Marvin's coming Lawrence people had to go to Paw Paw when a doctor was needed. Dr. C. P. Prindle was also a village practitioner. He became afterwards a resident of Dowagiac, where he died. During 1853, Drs. Nelson Rowe, Sylvanus Rowe, and Joel Camp located in the village. Dr. Nelson Rowe died in 1864. Dr. Sylvanus Rowe is still in practice at the village. Dr. Camp went to Bangor to live in 1861. Dr. A. F. Haskins came in 1858, and is still one of the village physicians. Dr. Terwilliger came in 1861, and left in 1863. In 1862, Dr. O. B. Wiggins began practice in Lawrence, and still pursues it. Besides the physicians above noted as in practice in Lawrence, there are also Drs. E. S. Cleveland and William Rowe."[10]

Dr. Hiram B. Wilcox, a native of New York, graduated in medicine in Cleveland, moved to Three Oaks in 1860 and was living there ten years later.[10]

Dr. B. B. Tucker, who located in Watervliet in 1857, was conducting a drug business in 1880.[10]

Drs. Hamilton, Marvin, Wakeman, Ryno and Baker were in practice in Coloma before 1880.[10]

Dr. A. B. Herman, a native of Ohio, practiced in Niles' township, then (1855) in Troy. He was living in Buchanan in 1880.[10]

Drs. Lamb, Lindsley, Dunning, R. B. Lawrence, L. B. Foster and S. D. Walden were before 1880 in practice in Watervliet.[10]

Dr. L. A. Barber was the first physician in Bloomingdale village, Van Buren County. Drs. C. W. Morse, H. R. Bulson and William B. Anderson practiced there before 1880.[10]

"Dr. G. D. Carnes, the only allopathic [*sic*] physician, enjoys an extensive practice"—in Covert Village, Van Buren County, 1880.[10]

"Decatur's first physician was Dr. Bartholomew, who put up in 1848 a small office and drug-shop on Railroad Street,—the building now doing duty as Shelter's Hotel. Dr. Bartholomew remained but a short time before taking the California fever and went away to the Pacific slope. He now resides in Keeler. During Dr. Bartholomew's time, and subsequently thereto, Dr. Wells of Little Prairie visited Decatur frequently to teach a singing-school, and occasionally practiced also the healing art in the town. In 1851, Dr. J. T. Keables opened an office in Decatur, and since that time has practiced medicine in the village continuously. Dr. Foster, of Climax Prairie, made a location in Decatur about 1855, but made his stay a short one. For some years Dr. Keables had the field to himself, and, like all physicians of the day, practiced over a wide extent of territory. The physicians of Decatur now [1880] number six—Drs. Baker, Broderick, Dillon, Keables, Rogers, and Rose."[10]

Drs. George W. Bell, Richard Winans, I. R. Dunning, E. A. Clark and J. S. Mortlock, the two latter homeopathists, were in practice in Benton Harbor in 1880.[10]

To the "oldest village in the township," Millburg, came Dr. Ansel Winslow in 1851. Other somewhat later arrivals were Drs. Enos Fenton, Cook, Fowler, Ross, King, and Bowman.[10]

Dr. J. H. Royce came to the township of Lake, Berrien County, in 1856; others later were Drs. Solomon Maudlin, J. F. Berringer, Sober, and Imme.[10]

Dr. J. N. Percell came to Stevensville in 1854. Born in New York State in 1828, he came to Michigan at an early day with his parents who settled in Brady, Kalamazoo County. He contracted with the government to carry mails from Fort Wayne, Indiana, to Coldwater and White Pigeon, Michigan, "but tired of the work in one year," was then employed in a nursery. He attended "several medical colleges"; was in practice until 1871, when he "built and stocked a drug store."[10]

Dr. Henry Leader moved from Berrien Springs to Pokagon in 1860. After him at Berrien Springs were Drs. B. F. Delaplaine, J. S. Fowler, H. J. Wilcox, W. F. Mason, Edward Hall, Hayes, J. D. Bowman, Ludwig, J. S. Martin, S. T. Armstrong, W. F. Reiber, O. Wheeler, and T. W. Anderson. The two last were in practice there in 1879.[10]

• Dr. Edward Hall was a native of England (Manchester 1830). His family came to this country in 1838 "storm tossed pilgrims" on a *sixty-one days'* voyage to Boston. Those of the family "old enough" worked in the Merrimac Print Works. In 1844 those left proceeded in a wagon to Monroe, Michigan. A year and a half later Edward and his brother, Thomas, "walked across Michigan to Laporte, Indiana." He was graduated at Eclectic Medical Institute, Cincinnati, began practice in Iowa, removed to Lyon County, Kansas, in 1856 and there remained until 1861. He came to Berrien Springs in 1862.[10]

"Dr. Corydon Parker, who graduated at Geneva, New York, came to St. Joseph about 1849, and practiced there until his death, which occurred in 1851. He was succeeded by Dr. Reuben D. Parker, who came to attend his brother in his sickness and remained after his death, taking his practice. Dr. Parker retired in 1874, but is still [1880] living at St. Joseph."

"Dr. Thomas C. Sachse, a German of fine education and a good linguist, came to Niles in 1854. He practiced here about seven years, and removed to St. Louis, Missouri, where he now [1880] lives."

"Dr. J. M. Roe, in February, 1851, settled in Buchanan, and is still [1880] in practice there."

"Dr. Ansel Winslow came to Millburg in 1851, and practiced there until about 1866, when he removed to near Lansing, Michigan, where he is still [1880] in practice."[10]

"The physicians of the homeopathic school have no county organization and are comparatively few in number."

"In 1855, Samuel Camp commenced practice in St. Joseph, and remained two or three years. Dr. L. A. Sexton succeeded Dr. Camp, but was there only one year."

"Dr. R. Pengilly came to St. Joseph in 1861, and was in practice for three or four years. Drs. Charles Chamberlain and B. M. Pettit came to St. Joseph about 1867. The latter is still in practice there. Dr. Ludwig, a German, and a man of considerable ability, was in St. Joseph prior to 1865. He afterwards went to Michigan City, and is now [1880] near Dowagiac."

"The first to settle in Niles was Dr. James E. Westervelt. He was a native of Tompkins County, New York, graduated at the homeopathic college in New York City, and removed to Plymouth, Indiana. About 1856 he came to Niles and commenced practice. He remained until 1864, when he removed. Dr. Craig, a graduate of the same college, came in 1864 and succeeded to the practice of Dr. Westervelt. He remained about ten years, and removed to Grand Rapids, and from there to Detroit, where he is still [1880] in practice."[10]

"The homeopathic physicians at present [1880] practicing in the county are Dr. B. M. Pettit, St. Joseph; Dr. L. I. McLin, St. Joseph; Dr. F. W. Berrick, Buchanan; Dr. H. W. Whitworth, Niles; Dr. E. A. Clark, Benton Harbor; Dr. Allen, Berrien."[10]

Dr. A. C. Dutton, a native of Oneida County, New York, came to Michigan in 1834, and located in Dexter. He practiced later in Stockbridge and in 1856 settled in Eaton Rapids.[16]

Dr. Willoughby Derby succeeded Dr. Dutton.[16]

Dr. John Henderson was an early practitioner of Eaton Rapids as were Drs. Hayden and Payne.[16]

Dr. Hayden subsequently practiced in Lansing.

Dr. Amos Knight carried on successful practice in Eaton Rapids for about twenty years (before 1880).[16]

Dr. D. W. Bacon practiced in Eaton Rapids.[16]

Although "little space is necessary in the introduction" of Dr. Jesse L. Parmenter to the people of Jackson County, four columns of the Portrait and Biographical Album are devoted to the purpose. He entered the "haven of his desires," the medical department, University of Michigan, in 1862, and was graduated three years later "with the honors of his class." He settled in Concord and his advice was "sought for, far and near."

He was a Baptist "like his father before him," and "instrumental in organizing the society in Concord." In politics he was a Republican and he "was one of the few of whom it may be truthfully said he had not an enemy in the world." His death was hastened by an accident.

Born in 1826 in Allegany County, New York, he remembered distinctly "the night of the shooting stars in 1833 which caused a commotion throughout the entire country."[39]

Dr. A. DeLafayette Angell came to Michigan in 1845 after graduation three years before in Castleton Medical College. He practiced in Adrian, Canandaigua, Coldwater and located in Jackson in 1870.[18]

"Dr. Luke N. Beagle of Flint, Michigan, died December 24, 1897. He was a graduate of the medical department of the University of Michigan, class of 1879, and a member of the State Medical Society, and also of the American Medical Association. He was a worthy and successful physician, highly esteemed by his fellow practitioners in the city of Flint and county of Genesee, for his large and extensive practice reached throughout the county. Born in December, 1831, he was still young and in his prime when the summons came so suddenly and unexpectedly, that his friends were greatly shocked when they heard of his untimely taking away.[43]

He was an excellent physician—kindly, courteous, considerate, companionable.

"The medical profession is one of the leading factors in all civilized parts of the globe. Also one of the most arduous, as well as useful."

The above quotation prefaces a biography of Dr. Milton P. White, who was born in 1852 in Cass County, attended district schools and a select school, taught near Niles and the following year deposited the first one-hundred dollars he had made in the bank and entered Northern Indiana School, Valparaiso. He was graduated from the medical department of Northwestern University of Chicago in 1877, practiced medicine at Wakelee for six years and in 1886 located in Dowagiac.

Politically a Republican, "of strong temperance principles," in 1901 and 1902 mayor of Dowagiac, he holds membership in the county, state and

American Medical Associations, also the Kalamazoo Academy of Medicine; is examining physician for three large insurance companies and member of the board of United States Pension Examiners.[13]

Dr. Harrison Peters was born in the State of New York in 1826. His father, who was a soldier in the War of 1812 and served under General Harrison, moved with his family to Michigan in 1835. In the spring of 1847 he entered Ypsilanti Seminary and there remained three years. In 1860 he began medical study with Dr. Thompson of Flat Rock, Wayne County; was graduated "number one" at Geneva in 1853. He worked his own way through until he graduated. He practiced in Palmyra from 1863 to 1864, then removed to Tecumseh. His first important call was to injured passengers on a train thrown off the track by an ox; he is said to have had a lively time.

Dr. Peters was an elder in the Presbyterian Church.[7]

Dr. Cressey of Clinton was the first customer of one John Smith. "An incident transpired which the facetious Æsculapius was wont to narrate. The purchase amounted to the enormous sum of nine cents; fifty were handed in for pay, and fifty-nine were handed back for change, with which the doctor, safely depositing in his wallet with dignity, walked off. Waiting his time when the store was full, he appeared and enquired of the proprietor whether he corrected mistakes?"[7]

At a celebration of the Fourth of July 1831 in Clinton an explosion occurred which resulted in the loss of both arms of David Reed. "Dr. Patterson of Tecumseh was the officiating surgeon, his assistants being George Lazell and Calvin Drown; his surgical instruments a butcher's knife and a carpenter's saw. The knife was made by Mr. B. Fisk from a file over fifty years old. It is the property of the widow Powell still."[7]

Dr. Daniel Todd, born in New Hampshire in 1827, entered the medical department of Harvard in 1849 and there remained for a year. He was persuaded to remain in Canandaigua, Michigan, during vacation. Owing to special instruction that he had received in typhoid fever his treatment during the first epidemic in Canandaigua was quite successful and he had more business than he could attend to. However, his experience that summer showed him that all New England notions would not work in the western country and he resolved to go to the Cincinnati Medical College, where western ideas prevailed. He was graduated in March, 1851, from Buffalo Medical College and soon thereafter returned to Michigan and practiced successfully in Canandaigua until 1855. In 1870 he moved to Adrian where he now [1880] enjoys a lucrative practice. He was supervisor of Madison two years and town clerk three years; was elected alderman in 1878 and 1880, and was the "only Democrat elected in that ward [the fourth] for twenty years."

Dr. Nathan Town was born in Massachusetts in 1792. In young manhood he lived in Canada until 1838. In 1836 what is familiarly known as the Patriot War broke out and the Doctor was in sympathy with the Patriots.† In 1837 he was imprisoned in Hamilton jail for nine months on a charge of treason. A short time before the day set for the hanging, a reprieve came from Queen Victoria and he was banished from the Province. He went at once to Detroit [in 1838], thence to Hanover, Jackson County. In May 1839 he located government land on the shore of Round Lake in Rollin, Lenawee County. There he lived until his death in 1854. He was the second physician to locate in Rollin, Dr. Hall being the first. He gave his entire attention to medical practice.[7]

Dr. Joseph Tripp, son of Rev. Henry Tripp, was born in Bristol, England, November 3, 1827, where he lived until he was three years old. He came with his parents to America in 1831, settling in the present township of Franklin on the bank of Sand Lake; received his education here and at the Michigan university, then located in Tecumseh. He came to Adrian, March 17, 1850, and, in the office of Dr. R. Stephenson, commenced the study of medicine, remaining there, including lecture terms, for three years. He attended two courses of lectures at Ann Arbor, graduating at Cleveland Medical College, in February 1854.

He practiced in Morenci for five years, then went to Buffalo, where he attended a course of lectures at the Buffalo Medical College, receiving the degree of "doctor of medicine," conferred on him by Millard Fillmore, chancellor of that institution. He returned to Morenci and continued practice until 1861, when he removed to Ypsilanti, Washtenaw County. He moved to Adrian in 1873 and formed a co-partnership with Dr. Stephenson, which lasted a short time, when he opened an office alone.

In the year 1873, he received an appointment as examining surgeon for the commissioners of the Department of the Interior of Washington, which position he held a short time, and resigned in consequence of removal from Ypsilanti to Adrian. He was city physician in Ypsilanti for four years, and is now acting as medical examiner for seven different life insurance companies. The doctor was living in Adrian in 1887 with his office located in the Conger Block.[21]

In Ridgeway Dr. DeMott "was the first to remain long, and the first that was acceptable to the people. He had very unpleasant roads to travel. On one occasion he attended Mr. Hocum, on the G. L. Oliver place, and called Dr. Palmer, of Tecumseh, as counsel. They had to ford the Macon river (it was in the spring), and on returning, Dr. Palmer's horse lost its footing, and although the doctor was a high church man, he was completely immersed in the cold water of the Macon, and rode to Ridgeway without change of clothing. Mr. Hocum died, and Mr. Lupton went on horse-back to preach the funeral sermon; three yoke of oxen were put to a lumber wagon. Mr. Lupton drove the lead team, and a man in the wagon the other two; in this way the corpse was brought to Ridgeway for burial."[7]

"The history of the medical profession in Irving [Barry County], may be recited briefly in the statement that the first physician to locate in Irving village was E. M. Rosencrans, who remained but a year. He was followed by Dr. S. Robinson; then came Dr. L. E. Haskins for a short stay, and in 1878 arrived Dr. J. Lamoreux, the only physician now practicing in the village. In Freeport, Dr. H. C. Peckham opened an office in 1878, and closed it in 1879, when Dr. L. E. Haskins, now [1880] the only physician there, occupied the field."[8]

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†*See* Chapter VI, "Edward Alexander Theller."

Dr. S. S. Stout, born in New York State in 1829, attended medical lectures at Geneva in 1853. Thereafter he worked on the Northern Indiana and Southern Michigan Air-line Railroad. Later he bought a farm but finding his health inadequate to such serious work and lacking disposition to remain on the farm entered the practice of medicine.

The practice, extending over a period of twenty-two years, thirteen of these in the township of Cheshire, was successful, which might be inferred from the fact that he possessed "the necessary qualifications of the position other than knowledge—genialty of disposition, kindness and compassion."[8]

The pioneer resident physician of Woodland, Barry County, was Dr. Jackson Wicks, who lived there from 1850 to 1861. Previous to his time Dr. Upjohn of Hastings "was the medical reliance of Woodland, as he was in the early days pretty much all over the county."

Other Woodland Doctors were:

John W. Gaucher, 1859 to 1865; A. S. Brandt, 1862 to 1864; R. B. Rawson, 1864 to 1874; Henry Smith, 1863 to 1873; David Kilpatrick, 1866-; H. C. Carpenter, 1871-; Driscoll, 1868 to 1871; Charles Russell, 1876 to 1879; Tremain, 1874 to 1877; Turner, about six months, 1876, and Johnson about six months, 1879.[8]

Dr. Henry C. Carpenter, a native of Ohio, 1836, came to Ionia County with his parents at the age of fifteen years. He taught school winters and worked on the farm in the summer time; was graduated in Cleveland in 1868 and began practice in Sebewa, Ionia County. In the spring of 1872 he moved to Woodland. He was a homeopathist, a Republican and possessed of those qualities, "and sterling virtues, which are the foundation and superstructure of our society and social system, and through these the woof and warp of our free government."[8]

Dr. Amos Hanlon, born in 1842 in Canada, was graduated in the medical department of the University of Michigan in 1868. In 1869 he located in Bay County, Michigan, and in Middleville later the same year.

Conceiving it to be important to continue diligent study, he attended in 1875 to 1876 Hahnemann College and Cook County Hospital, Chicago, graduating from the former.

He received also an honorary degree from Chicago Homeopathic College and proposed in 1880 to continue hospital work at Bellevue, New York.[8]

It has been said of those who have "arrived" that few die and none resign, but nothing is written of declining honors. It seems that Dr. Hanlon felt it his duty to remain in Middleville where his reputation had been made and passed up an offer of a chair in a Canadian Medical College.[8]

"Dr. H. C. Turner has been practicing in the village without interruption since 1855. He then came from Illinois to visit his sister, Mrs. J. C. Snook, in Orangeville, and, being pleased with the place, determined to become a resident. A Dr. Johnson practiced in the town from 1854 to 1855, Dr. Horace B. Herrick from 1858 to 1863, and in 1870, Dr. Turner's son Jerome was associated with his father in practice. The foregoing brief *résumé* includes the complete history of the medical profession in the village of Orangeville. Earlier than any of the foregoing however, was Dr. Fordyce Rhodes, who settled in the Brown neighborhood, on section 32, in 1840, and practiced his profession until his departure, in 1842."[8]

"Previous to 1848 the country around Middleville depended for medical attendance upon Hastings, and chiefly upon Dr. Upjohn. There was in the northern portion of Thornapple township one James Bell, who called himself an herb-doctor, and who used indeed to be called frequently to prescribe for the sick, but until Dr. S. S. Parkhurst came to the village, in 1848, the neighborhood boasted no resident regular medical practitioner. Dr. Parkhurst was, however, but a student when he became a resident in Middleville and simultaneously undertook to teach the village school, with the understanding, however, that if his medical practice required it he would give up the school. Although he was frequently called to see patients, and sometimes had even to dismiss his scholars so that he might respond to a call, he taught through the term. He returned thereupon to college, graduated in 1850, and then resuming his practice in Middleville, has been one of the village physicians ever since.

"Following Dr. Parkhurst came Dr. Johnson, who remained but two years. Dr. John Sweezey, who began to practice in 1858, removed to Indiana in 1860, and is yet there. Dr. Henderson came in 1861, stopped a year, and then sailed for England, his early home. Dr. Carroll remained from 1863 to 1864; Dr. Negley, from 1864 to 1867; Dr. Scott, from 1866 to 1867; Dr. Ellis, from 1868 to 1869; and Dr. Barnard, from 1871 to 1872. Besides Dr. Parkhurst, the practicing physicians in Middleville are G. W. Mattison, who came in 1867; Amos Hanlon, in 1869; S. C. Rich, in 1870; A. Billington, in 1871; J. B. Ferguson, in 1876; and P. J. Fullerton, in 1879."[8]

About 1840 Dr. Erastus N. Upjohn, brother of Dr. Uriah Upjohn, became the first resident practicing physician in Gun Plain.[8]

Dr. Charles W. Hawley, born in Canadaigua, New York, in 1827, came with his parents to Schoolcraft in 1836. He studied medicine with Dr. James A. Allen of Kalamazoo and later at Laporte, Indiana. He taught school in 1849, practiced medicine in Illinois for three years, then returned to Michigan and in 1875 took up his residence in Plainwell.[8]

Dr. J. D. Peters, a graduate from the Cincinnati Eclectic Medical Institute, began practice in Alamo, then moved to Otsego and in the fall of

1861 settled in Plainwell. Previous to his coming Dr. McNett had practiced there for a few months. From 1872 to 1880 he resided in Grand Rapids, thereafter in Plainwell.[8]

Prior to 1869 Drs. O. E. Yates, Benjamin Thompson, E. C. Adams, E. M. Hume, L. A. Daniels, and ——— Rosenkrans practiced in Plainwell.[8]

With another in 1856 Dr. E. H. Wait built a steam saw-mill in Hopkins township of which he soon became the sole manager.[8]

Dr. W. H. Bills, born in Wyoming County, New York, in 1846, came to Allegan in 1872 after two years practice in Pentwater, Michigan, following graduation from Buffalo Medical College in 1870.[8]

Dr. F. N. Calkins, a son of Dr. A. R. Calkins, born in Allegan in 1852, was graduated from Long Island Hospital, Brooklyn, in 1874. In 1878 he formed a partnership with Dr. Bills.[8]

Dr. James A. Mabbs, born in 1861 in Hillsdale County, graduated from Chicago Medical College in 1875, formed partnership with Dr. J. J. McConkie, which continued until 1878, when he moved to Fillmore.[8]

Dr. F. R. Hynes was engaged in homeopathic practice in Allegan in 1877.[8]

Dr. Charles Russell, born in Illinois in 1843, studied medicine with his father, Dr. J. M. Russell of Hastings, Michigan. In 1866 he was graduated from the medical department of the University of Michigan. He was associated for a time with his father and in 1879 moved to Allegan.[8]

Dr. William K. Darling came to Hopkins, Allegan County, in 1872, having previously enjoyed an extensive practice in Otsego. After five years, ill health compelled him to relinquish medical work, whereupon he engaged in mercantile pursuits.[8]

Dr. James M. Baldwin, born in Ohio in 1810, was compelled to relinquish his trade as blacksmith and took on that of medicine. He was graduated from Cleveland Medical College. After practice in Ohio he located in Hopkins, Allegan County, and there pursued both farming and the practice of medicine, both of which he abandoned in 1865 from failing health. He died some years later.[8]

Dr. Calvin White, one of the first settlers, came to Martin township, Allegan County, in 1856, but practiced little. The early residents were attended by Drs. L. B. Coats of Otsego and Erastus Upjohn of Gun Plain.[8]

Dr. Alexander Gillis, a graduate of Edinburgh Medical College, practiced at an early date in Allegan County, then moved to Barry.[8]

Dr. David Bradley came from Wayland township to Martin, Allegan County, in 1854. Although not a medical graduate he is said to have been successful in the treatment of ordinary ailments and achieved prominence as postmaster, merchant and tavern keeper.[8]

Dr. George B. Nichols graduated at the Castleton Medical College, Vermont, in 1852. He came in 1858 to Martin, Allegan County. "His field is an extensive one, and one in which he has been uniformly successful."[8]

He is said to have driven his horse and sulky to the west. "He was in a strange land, poor in purse but rich in energy, willing to work and strong in confidence of success."

He was an active Republican; gave his first vote in 1848 for "free-soil" VanBuren and Adams.[8]

"David McLean, the first physician of Douglas, opened his office in 1864, and practiced until 1879, being the only doctor in the village. Upon Dr. McLean's retirement, Dr. A. H. Parks, the present resident physician [1880] took possession of the field."[8]

The first physician to practice in the village of Wayland was Dr. Remington. The country was sparsely settled, his patients few in number, and when not professionally employed he worked in Hoyt's Shingle-Mill. Dr. Mack, an eclectic, succeeded him. Neither of these remained there long.[8]

Dr. John Graves, a graduate of the Cleveland Homeopathic College, came to Wayland in April, 1862. The village physicians of 1880 were Drs. John Graves, Horace J. Turner, Andrew, and Ryno.[8]

Dr. C. E. Davison was "surgeon-dentist" in Wayland in 1865.[8]

Dr. Horace J. Turner, whose father was also a physician, was born in Illinois in 1849. A few years after his birth, his father, Dr. Horace C. Turner, moved to Barry County, Michigan. At the age of seventeen, Horace J. was admitted to the University; was graduated in medicine and surgery in 1869. He practiced with his father for six months, then moved to St. Louis, Missouri, then to the village of Bradley, Michigan; from there to the village of Wayland.

Dr. Turner was a stalwart Republican.[8]

"Dr. Joseph Adolphus was an early settler in Carlton, the first physician in the township, and the only one therein for many years. He had an extensive practice, was well and popularly known throughout the county, and was moreover a man much given to eccentricities of expression and action. When he courted the lady who afterwards became his wife, he used invariably, in his journeys to the house of her father, T. C. Smith, to ride into a hole that graced the side of the highway, led thereto doubtless by absent-mindedness and a disposition to let his horse have its own way. As often as he fell into the opening and off his horse he would exclaim with considerable emphasis, "If I live until morning I'll have that hole filled up." Although he tumbled into the excavation regularly every night he made the trip to Mr. Smith's, and although he always vowed the hole should be filled up if he lived until morning, it is moderately certain that the hole continued to yawn for him during his residence in Carlton. He was somewhat distinguished, too, for an extraordinary capacity for driving suddenly from bridges into the streams they crossed, but, despite his mishaps in that direction, he never came to greater hurt therefrom than an occasional ducking. Dr. Adolphus was esteemed a skillful physician, and previous to his making Carlton his home, in 1846, had spent five years in the naval service on board a man-of-war. When he removed from Carlton he became a resident of Hastings, and lives now in the far West.

"The year that Dr. Adolphus left Carlton, 1862, Dr. A. J. Wright located in the township as his successor, and since then has been in continuous practice there. Dr. O. P. Abbot came to Carlton in 1873, and Dr. Johnson lived and practiced there from 1873 to 1875."[8]

Dr. J. H. Palmer was the first physician in Nashville, Barry County, coming there in 1865, and in 1880 was still in active practice.[8]

Dr. C. W. Wickham came to Nashville in 1867 and in 1870 Dr. H. A. Barber of Lansing located there. The latter was the first representative of the homeopathic school.[8]

Dr. W. H. Young, a graduate of the medical department of Toronto University and of the Detroit Medical College, came to Nashville in 1870.[8]

Dr. W. H. Griswold came to Nashville in 1878. He was a graduate of the Detroit Homeopathic Medical College, 1875.[8]

Dr. F. A. Jones arrived in Nashville in 1880.[8]

Dr. Hays was in Hastings before 1843. In that year he sold 160 acres of land.[8]

"Although one Dr. J. W. Barnes came to Hope in 1853, and for two years continued a fairly successful medical practice in the township, he is hardly considered as having belonged to the medical profession, since he was a graduate of no college. Be that as it may, he was called Dr. Barnes, and had a good many patients during his stay. He was a preacher, too, but he was strongly inclined to a loose belief in moral responsibility, and left behind something of an unsavory reputation. Dr. H. F. Peckham was a comer in 1868, and from that time to the present has been in continuous practice in Hope and neighboring towns. Previous to his time one Dr. Crandall was at Cedar Creek a few months, and in 1877 Dr. Henry Webster located, but remained less than a year. Dr. William Smith, now a practitioner at Cedar Creek, studied with Dr. Peckham from 1877 to 1879, when he entered upon practice on his own account."[8]

On the following page of the History of Allegan and Barry Counties we will, says the writer, "introduce H. F. Peckham, M.D., born in 1844 in Madison, New York." The occupation of his father "was *solely* to shoe the soleless maidens, and the boys to *boot* were not forgotten."

Dr. Peckham entered Madison University, Hamilton, where he remained for three years in the literary department. Later he studied medicine and was graduated at the Eclectic Medical College at Philadelphia.

"His marriage fortune was made on October 24, 1870. He was not a member of any church but had leanings toward the Universalist. He was a Democrat and spoke in nearly every schoolhouse in Barry County, his speeches being received with great acclamation. In 1880 he was building a mill at Cedar Creek.[8]

Dr. John David Greenmayer of Niles was graduated from the University of Michigan medical school, Ann Arbor, 1871. He died October 12, 1928, of cerebral hemorrhage, aged 81 years.[27]

"The various schools of medicine have their representatives in Hastings, Barry County, so that the believers in the divers principles can be satisfied in their choice of doctors. One who worthily represents the Eclectic School of Practice is Dr. Snyder who is doing well as physician and surgeon and adding to the reputation he had acquired before he took up his residence here."

The above introduces a biographic notice of William H. Snyder, M.D., born in 1841 in New York State, "reared on the home farm," who "remained under his parents' roof until he was of age and not long afterward began the study of medicine with Dr. William Cory and Dr. R. S. Trask, both of Pennsylvania."

Further information as to qualifications for practice is not revealed but the interesting facts are recorded that coming to Barry township in 1865 he pursued farming for six years, practiced medicine with a brother-in-law in Newaygo County for a year, lived in Howard City for nine years, in Potterville for one year, and after 1880 gave attention in Hastings "with all his former energy to his professional duties."

It is, to say the very least, highly gratifying to learn that the "pleasant dwelling on the corner of Hanover and Grant Streets presents a neat and tasteful appearance and is supplied with many comforts, while all who cross its threshold are made to rejoice by the cordiality and intelligence of the hostess"; and furthermore that Dr. Snyder "belongs to the Republican party" and is a member in good standing of the M. E. Church.[35]

Dr. Goodell came to Allegan in 1846, Dr. Lovejoy in 1857, Dr. J. K. Wilson in 1858. Dr. Wilson remained until 1877, the others but a short time.[8]

In 1844 Assyria received a settler named Rogers, who straightway upon his arrival introduced himself as a Methodist Episcopal preacher, and in the Baker schoolhouse, in district No. 2, conducted public worship every Sunday for some time. Subsequently he forsook Methodism, embraced Spiritualism, preached that doctrine, and in a short time announced himself as a clairvoyant doctor. He depended also upon herbs to effect his cures, and was quite a popular physician. He established a considerable practice, and carried it on profitably in Assyria until his death.

Dr. Archelaus Harwood, of Maple Grove, was, however, the favorite physician for miles around in the pioneer days, and in the southern portion of the county was known and esteemed of all men.

After "Dr. Rogers' demise there was no resident physician in Assyria until Dr. Youngs came, in 1858. Dr. Youngs retired after a practice of two years, and then there was a hiatus in Assyria's medical history until about 1876, when Dr. Chase located at the Centre. He remained about a year, and was followed in rapid succession by Drs. Delano, Sessions, and Armour, none of whom stayed much more than a year. Dr. J. I. Baker, the only physician now in the township, located at the Centre in the spring of 1880.[8]

"Dr. Chauncey B. Goodrich, who came to Saugatuck in 1843 and entered upon the practice of medicine, was the first physician of the village. He soon removed to Ganges, but remained for many years the only physician in the western part of the county. He died in Ganges in 1879. His successor in village practice was Dr. Flowers, who made his appearance at Saugatuck in 1857, and practiced there until his death, in 1859. Dr. S. L. Morris followed him, and remained until 1865. Dr. H. H. Stimson, who began to practice in the county in 1853, went to Saugatuck from the eastern part of Allegan in 1860, and since that time has been steadily in practice there.

"Dr. J. B. Cook, who is still a Saugatuck physician, entered upon his professional service in that village in 1862. After him came Dr. David McLean, who made but a brief stay, and then passed over to Douglas, where he tarried until 1879. Dr. Alex. McRea, who came to Saugatuck in 1865, remained until 1871. Dr. R., Pengally, and his son-in-law, Dr. Charles Chamberlain, began practice in 1871, and moved away in 1873. Dr. Charles F. Stimson practiced from 1872 to 1879, when he died. Dr. E. B. Wright, who died in Saugatuck in 1879, had practiced in the village eleven years. The village practice is at present [1880] confined chiefly to Drs. H. H. Stimson and J. B. Cook, the only resident physicians."[8]

Dr. William J. Kelsey, father of the present Dr. J. H. Kelsey, had high professional connection in this county (Cass) and was a man of acknowledged ability. He was born in 1839 and was graduated at Rush in 1865.[13]

Dr. Levi Aldrich, born in Erie County, New York, and a graduate in medicine, located in Edwardsburg in the early sixties and remained there until his death.[13]

Dr. Robert S. Griffin (1828-1905) was born in Erie County, New York. At the age of nineteen he began the study of medicine with Dr. Lockwood and afterwards attended the medical college at Laporte, Indiana. He practiced in Edwardsburg.[13]

Dr. C. W. Morse, now deceased, was for a number of years in practice in Dowagiac and part of the time was in the drug business.[13]

Dr. M. H. Criswell, born in 1863 in Knox County, Ohio, was a traveling salesman during an interval in medical study. He was graduated from a homeopathic college in Chicago in 1891, located in Edwardsburg, then in Cassopolis. He is, so reads a biographic sketch in a History of Cass County, "quick to adopt" new but "slow to discard" old ideas. These qualities with a "broad humanitarian spirit" have contributed to the "gratifying proportions" reached in his practice.[13]

Dr. C. P. Prindle, who came from New York, where he received his education, to Michigan in 1850, located in Dowagiac five years later. "He was a rugged and forceful character, both in his profession and as a citizen. Like Dr. Tompkins, he spent much of his time in the saddle, and wherever and whenever duty called him he went without thought of his personal convenience. He had a deep dislike for ostentation and superficial learning, and in practice, as in his personal relations, was direct, earnest, and withal sympathetic. The esteem in which he was held is shown by the fact that during his funeral the stores and business houses of Dowagiac were closed.[13]

Dr. John Robertson, New York, 1825, and Dr. Charles P. Wells, New York, 1848, practiced in Pokagon. Dr. Otis Moor, Rush Medical College, 1872, was located at Williamsville.[13]

"Dr. James S. Stapleton, born in Cassopolis in 1867, graduated from Hahnemann Medical College, in Chicago, and located in his native town, where he remained until his removal to Jones, where he died August 13, 1898."[13]

"Dr. Bulhand, who died at Union, September 11, 1905, was noted for his sympathy and strength of character, as well as his ability as a practitioner. He was absolutely frank, and never used his profession except according to its own ethics and the standards of personal integrity. He retired before his death, having practiced about twenty years, and lived on his farm in Calvin."[13]

Dr. Franklin R. Timmerman "is a native of Medina, Orleans County, New York, and is still a comparatively young man, having been born March 25, 1855."

These kind words were printed in 1891 and read well to one who came on earth a whole year later (1856).

Dr. Timmerman was graduated from the medical department, University of Michigan, in 1880, and after a year with his preceptor (this word is pleasing also), Dr. Barber of Nashville, opened an office in Hastings, became a member of the Barry and Eaton Medical Society, his "manifest desire" being to "lay before its members every illustration or question which his own practice develops."

He is, or was, a Knight of Pythias, a Republican, a "genial and well bred" member of society and an "artist of considerable ability" who "spends his leisure time in painting landscape views and has a number of such now hanging in his mother's parlor, besides several he has given to friends and some which have been disposed of for a money consideration. He was at one time a member of an art society in the East, but as they required a new production of his skill every month, it was more time than he could afford to take from his medical profession, hence he dropped out of it."

Dr. Timmerman was, in 1891, "rapidly coming to the front and thoroughly establishing himself in the respect of all and the admiration of those who believe in homeopathy."[35]

Dr. John P. Ferguson, of Canadian birth (1839), and a graduate of Victoria College, Coburg, practiced for a year in Lapeer, then moved to Chicago, where all his possessions were lost in the great fire of 1872. Thereafter he located in Ottawa County and then, in 1875, in Middleville, Barry County.[35]

"Among the medical practitioners located at Middleville, Barry County, none have been more uniformly successful in their efforts to restore the afflicted ones to health than Dr. Evans [Patrick H.] and the same is true of his wife, who studied with him and was graduated at the same time." Born in Ireland in 1834 he lived in America upon a farm from childhood until he became of age, then operated a farm of eighty acres on his own account for nine years.

"The wife of Mr. Evans died and he sold his possessions and went to California to regain the fortune which he had lost by the heavy expenses entailed by sickness in the family and the cost of a substitute sent to the army."

He engaged in mining until 1871, then returned to Michigan and settled in Barry County, taking "possession of one hundred acres of land" which he cleared and improved, but farming was uncongenial and in 1877 he began the study of medicine with Dr. Ferguson and was, in 1880, graduated from the School of Homeopathy, University of Michigan. Dr. Evans was not unmindful of civic duties; was chosen "their justice" by the citizens of Middleville, was elected in 1886 "coroner on the Greenback ticket" and, in 1890, to the same office on a Union ticket. "With the quick wit characteristic of the natives of the Emerald Isle, he grasps facts presented for his consideration, and his keenness of observation is a valuable factor in diagnosing diseases and determining what remedial agencies are best to employ."[35]

Dr. Luren E. Benson of Woodland, Barry County, born in 1851, was reared on a farm, borrowed medical books from Dr. Ball of Grand Ledge, "took a course of professional reading with Dr. Snyder of Portland" and spent eight months with Dr. Brown of Grand Ledge. "By this time young Benson had a good knowledge of therapeutics and began practice at Sunfield, Eaton County, where he was located seven years."

"Actuated more especially by a desire to secure the benefit of a diploma from a first-class college, he gave up his practice and went to Chicago, where he matriculated in Bennett Medical College."

He "received his credentials as an M.D. competent to carry on his practice under the principles of the Eclectic School."

He had, in 1891, a large practice, an interest in a drug store and a fine two story brick building.[35]

"Among the numerous and varied professions in which men may rise to eminence there is not one known to the civilized world that claims a higher place in the esteem of all than does the 'Art of healing.' Since the time of Æsculapius down to the present date there has never been a class of men that demanded or received more faith or respectful treatment than the physician. It is his presence that seems to brighten the sick one: he is generally conceded to be the family friend and it is to him that trouble of every nature may be safely confided. It is predicted that no one will more fully prove the truth of the above assertion than Dr. Weaver, who is establishing a good practice."

Thus the introduction of Dr. Leroy F. Weaver of Nashville, Barry County, born in 1862 and a graduate from the Michigan College of Medicine, Detroit, in 1884. Dr. Weaver at the time in which the biographic notice was printed (1891) was a devout member of the Methodist Episcopal Church and "Socially [he is] a Mason." He was also a Knight of Pythias and an Odd Fellow and owned "a beautiful residence costing over $2,000.00 which is located on State Street."[35]

Dr. Charles N. Snyder, born in 1851, located in Shaytown in 1875 and was *one*† of the leading physicians of Eaton County. He had two brothers also practicing physicians, one, Henry, at Hastings, another, George W., at Sebewa. "Not desiring to follow the pursuit to which he had been reared," he studied medicine with his brother Henry and was graduated from the Eclectic Medical College in Cincinnati. He was, "putting it mildly," without "moneyed capital whatever" when he located in Shaytown in 1875, but was "well supplied with skill and ability" and "few, if any, other physicians in the county are doing a better business, which fact indicates that he stands in the front rank of the medical practitioners in this community [1891]." His library was one of the largest in the county, "containing some one hundred volumes."

The lithographic cut in the Portrait and Biographical Album indicates that the subject thereof is prosperous. He is well tailored, wears a striking four-in-hand and a flowing moustache as befit a Knight Templar, an Odd Fellow and a stalwart Republican.[35]

Attention is called to the restrained commendation above, "one of." This is noteworthy in a biographic sketch.

Dr. D. W. Mitchell, a graduate of Trinity University, Toronto, located in Harrisville in 1873.[20]

Dr. J. V. White came from Victoria College, Toronto, to Harrisville, in 1880. He then moved to Au Sable.[20]

Dr. F. L. Sutherland, a prominent physician of Iosco County, studied with Dr. Brownell of Utica and was graduated from the Detroit Medical College in 1878. He located in Oscoda.[20]

"Dr. G. S. Darling and Dr. F. Owens are our resident physicians [Tawas City, 1877]. Mr. Darling is a graduate of the medical department of our State University and has had several years' experience in the southern part of this state and in the army." Dr. Owens "has resided here for several years . . . he graduated at one of the first medical institutions" in England.[20]

Dr. Fred Davenport Heisordt of Bay City was graduated from the Detroit Medical College, 1882. He died March 9, 1928, of arteriosclerosis, aged 68 years.[27]

Dr. Jervis H. Wattles, born in Troy, Oakland County, in 1840, studied dentistry, homeopathy, then regular medicine under Dr. J. C. K. Crooks of Birmingham. He was a student at the Michigan University medical department in 1864 and 1865, and at Cleveland Medical College in 1866. His proficiency in anatomy led to his appointment as demonstrator in the latter institution.

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†Italics are the reviewer's.

He came to Battle Creek in 1868. He is mentioned in the History of Calhoun County as successful in frequent and delicate operations in general and ophthalmic surgery: "Resections of important joints for necrosis: ligations of jugular veins, carotid, humeral, femoral and popliteal arteries for aneurism and in wounds: operations in strangulated hernia: lithotomy, trephining, cataract, strabismus, etc."[12]

Dr. M. W. Tomlinson (1817-1886) came to Battle Creek in 1854 and was engaged in the active practice of medicine until his last sickness. His death was due to cancer of the stomach, supposedly. Dr. H. B. Shank, chairman of the Necrological Committee, wrote of him as one of the busiest practitioners in the community in which he lived. He was widely and favorably known, of a sensitive and somewhat impulsive nature, sympathetic towards patients, and endeared to hundreds. He took pleasure in aiding young men starting out in practice.[43]

Our Line, published in Kalamazoo, in March, 1929, pays the following tribute, thoroughly deserved, to Dr. H. B. Osborn, "a grand man and a good doctor":

> "Never mind when he was born or where it happened. We could look it up, but what wots it? The important thing is that he was born and that in middle life he came to Kalamazoo.
>
> "He would undoubtedly be called today an old-fashioned family doctor, but old-fashioned or new-fashioned, when he came into the home he brought with him something that was more healing and efficacious than calomel, quinine, or clinical thermometers.
>
> "The minute he stepped inside the door the patient commenced to improve and when we say that we are not drawing the long bow. If he saw that patient was really seriously ill, he would tell a story or two and then say, 'Well I guess you're not so very sick; we'll have you out of this pretty quick,' and of course you know that amenable to the law of suggestion the patient said to himself, 'He knows, and if he says there is nothing much the matter with me, why of course there isn't,' and the battle for life was half won right then and there.
>
> "He was more than a doctor of medicine; he was a nurse and a preacher who never preached, but his sermons on clean living and right thinking blessed thousands of men and women with whom he came in professional contact during a long and exceptionally busy life.
>
> "Wherever you are, doctor, we know that you are spreading sunshine and doing good. Money did not mean very much to you; you never made a charge for one-half of the services you rendered and you never collected one-half that you did charge, but God bless you, you were a man from the ground up and though you have been dead for many years we are mighty glad of one opportunity to pay you an honest tribute."

Dr. Justin E. Post of Ypsilanti, born at Saline in 1854, was graduated at the University of Michigan in medicine in 1876 and also had at the same institution a course in dentistry.[26]

Dr. William Pattison, born in 1833 in New York State, attended Ypsilanti Seminary; had two courses of medical lectures in the University of Michigan and was graduated at Hahnemann Medical College, Chicago, in 1865. After fifteen months' practice in Racine, Wisconsin, he settled in Ypsilanti. In 1864 he went to Virginia under the auspices of the Christian Commission.[26]

Dr. R. E. Knapp, born in Salem, Michigan, in 1844, graduated from the University of Michigan medical department in 1868, from the Homeopathic Medical College in 1870. Thereafter he practiced medicine in Ypsilanti and Fentonville. To the organization of the Hahnemann Medical Society of the University in 1868, of which he was a member, is attributed the existence of the Homeopathic School thereof.[26]

Dr. Robert E. Douglass, Jr., born in Albany County, New York, in 1848, began the study of medicine with Dr. T. A. McGraw; was graduated from the Detroit Medical College in 1869, studied at Bellevue, practiced in Saline, then Stony Creek.[26] He was a Democrat and the owner of 40 acres of land.

Dr. A. G. Mesic of Saline, born in St. Clair County in 1849, was a graduate in medicine, University of Minnesota, 1878, and began practice in Milan.[26]

Dr. Samuel W. Chandler of Saline, born in Lenawee County in 1847, graduated in medicine at the University of Michigan in 1872. He was an "old line Whig," then Republican.[26]

Dr. Christian F. Kapp was born in Northfield township, Washtenaw County, in 1846. He was graduated in medicine from the University of Michigan in 1873, and from Cincinnati College in 1876. He located in Manchester.[26]

Dr. A. C. Taylor was born in Bridgewater township, Washtenaw County, in 1848; graduated from the medical department of the University of Michigan in 1874, practiced in Somerset, Hillsdale County, then in Manchester.[26]

Dr. Harrison A. Nichols was born in Oakland County in 1848, was reared on a farm, educated at Ann Arbor. He was a student with Professors Palmer and Cheever of Ann Arbor and Dr. C. C. Kingsley of Ypsilanti; was graduated in medicine, University of Michigan, 1868, practiced in Deerfield, then in Ann Arbor until 1876, then in Saline.[26]

Dr. Daniel Hall was born in Pennsylvania in 1825, began medical study in 1850, was graduated at the University of Michigan in 1854, practiced in Pennsylvania, then in Pittsfield, Hillsdale County. In 1862 he located at Saline.[26]

Dr. John Young, born in Scotland in 1846, emigrated to the United States in 1865, graduated from the University of Michigan in Medicine in 1874. After two years' practice in Tuscola County he located in Dixboro.[26]

Dr. Henry R. Watson of Saline, born in Ohio in 1828, "naturally took" to the study of medicine and began it with his father, a physician. After one term at Cincinnati Eclectic College he located (1850) at Vicksburg, Mississippi, and ten months later at Saline, where he "secured a lucrative practice." He adhered (in 1881) to the Democratic party.[26]

After Dr. Cyril Nichols (1826), came to Washtenaw County Dr. Philip Brigham, 1832; Dr. Amos Gray, 1832; Dr. John H. Cardell, 1836; Dr. C. A. Jeffries, Dr. Ewing, Drs. Hollywood, Dowlman and Clark. In 1881 there were practicing in Scio, Drs. Gray, C. Howell, E. F. Chase, John Lee and W. E. Ziegenfuss.[26]

Dr. William E. Ziegenfuss "obtained sufficient knowledge to enable him to teach school at the age of seventeen." He was born in Pennsylvania in 1854, graduated in medicine, University of Michigan, in 1878, located in Dexter and "gained quite an encouraging practice" in "the short time he has resided there."[26]

Dr. William Taylor, born in Ireland in 1821, first visited America in 1850 while surgeon aboard a steamship. After six years' service "under the American flag" at sea he located in Dexter. He possessed a diploma signed by the celebrated Sir Astley Cooper.[26]

Dr. Fred M. Garlick, a graduate of the Detroit Medical College, 1871, who was in practice in Waterford, Port Sanilac and Richmond, has been singularly fortunate in receiving letters of regret at his leaving; letters of confidence and esteem, signed by more than fifty citizens of Waterford, and those of like character from "other places where he has lived."[22]

This is understandable in view of his membership in the Detroit Academy of Medicine; his belief, Congregationalist, and his politics, Republican.

Dr. William Greenshields of Romeo was born in Scotland in 1836; was a student at the University of Glasgow in 1852 and received, in 1859, his diploma in medicine from the faculty of physicians and surgeons of Glasgow. He came to Romeo in 1864 and continued there in successful practice. He was "a careful physician and surgeon of more than ordinary skill."[22]

Dr. David F. Stone, born in St. Lawrence County, New York, in 1843, was graduated in medicine at Toronto University in 1870. Very soon thereafter he located in Metamora, Lapeer County, and there remained for twenty-three years. He settled in Bay City in 1889.[9]

Dr. Isaac E. Randall came to Bay City, West Side, in 1867. He was Pension Examiner.

Dr. William E. Magill was for five years superintendent of schools, mayor during 1881 and 1882, county treasurer six years, Michigan insurance commissioner from 1891 to 1893, and city treasurer. He came to West Bay City in 1870. Dr. John W. Hawxhurst came in 1875. Dr. Fred D. Hiesordt was in 1905 the "oldest native-born practitioner" in Bay County. He was graduated from the medical department, University of Michigan, in 1878, and from Detroit Medical College in 1881.

Dr. Columbus V. Tyler, "one of the most conspicuous figures in Bay County's medical profession, born in 1825, came to Bay City in 1869. He was elected State senator in 1876 and served on the board of health.[9]

Dr. Alvin Wood Chase, "physician and author of the celebrated Dr. Chase's Receipt Book," was born in New York State in 1817. "His desire for knowledge was so great, coupled with an ambition peculiar to his naturally energetic disposition, that he far outstripped his more dilatory companions of that humble institution of learning [a log schoolhouse near Buffalo]."

It was a matter of "intense delight" when he could locate in Ann Arbor in 1856 and await "with impatience the time that he might become a member of the medical fraternity." He was graduated from the Eclectic Institute, Cincinnati. "His first edition, like all subsequent ones, proved a great success and soon placed him on the high road to fortune, as it were." To his "noble and high minded wife" may be attributed "much of the success that followed Dr. Chase during his long and eventful career."[26]

He built a "magnificent structure" where "fifty hands found constant and remunerative employment."

His hospitality and liberality to these "were always subjects of admiring comment" by citizens of Ann Arbor. He was once considered one of the wealthiest among them, but seems to have lost oodles of money. He once declined the "generous honor" of nomination for the position of mayor.

The "storms of life swept with almost resistless fury" about him but his biographer predicts in 1881 that "when the last sad rites shall have been performed" and the last chapter "entered in the ledger of life" it "may be literally and truthfully said that he lived 'with malice toward none and charity to all.' "

Dr. Henry Taylor (son of Dr. Henry Taylor, "senior practitioner in the State until his death, December, 1876," who came to Oakland County in 1824, Mt. Clemens in 1826) was born in 1832. He was graduated in medicine at the University of Michigan in 1855 and located in Mt. Clemens.[22]

Dr. Valentine Gardner, born in 1821 in Bavaria, was graduated at Erie Medical College in 1848. He settled in Mt. Clemens in 1879.[22]

Dr. David McCrossin came to Michigan from New York State in 1854; settled in Berlin, St. Clair County, then in Armada.

He moved from New York through Canada "with wife and one child, three trunks, and a hen-coop lashed on behind in which were two Shanghai chickens, the first of the kind introduced in these parts."[22]

Dr. E. A. P. Riky of Orion was in 1891 "comparatively young, having been born October 16, 1848." He was born in Ireland, instructed by private tutors and followed a business career until 1879. He was a student with Dr. H. F. Lyster, Detroit, for three years, and was graduated from Detroit Medical College in 1882. During residence in Detroit he was appointed instructor in microscopy at the College.

He located in Orion after one and one-half years' practice in Detroit; was health officer of Orion for several years.[40]

It is justly written of Dr. Chauncey Earl of Pontiac[40] "that having [in 1891] devoted thirty-eight years to the practice [he] is universally respected and trusted by those who know him." He was born in Erie County, New York, in 1828, studied with Dr. Spaulding of Oxford, Michigan, was graduated in medicine at the University of Michigan in 1853. He began practice in Orion that year, removed to Pontiac in 1866. He was for many years examining surgeon for pensions and member of the Pension Board.

"Aaron B. Avery, M.D., whose beautiful residence on Lawrence Street attracts the attention of all visitors to Pontiac, has a large and successful practice in both city and county."

He was born in Washtenaw County in 1853, was a student at the Normal School, Ypsilanti, and a graduate from Chelsea High School in 1873. He "taught school for some five years."

He was graduated from the homeopathic department, University of Michigan, in 1878 and located in Farmington. Eight years later he removed to Pontiac.[40]

Dr. B. C. H. Spencer was born in 1859, studied medicine for two years at Detroit Medical College, was graduated from Michigan Medical College in 1881; practiced in Monticello, Arkansas, successfully for two years when he returned to Michigan, his native state, and located at Orion. "His portrait represents one of the most able physicians of the county as well as one of the most highly respected citizens."[40]

Dr. Charles D. Howard, "the leading physician at Oxford," was born in Morrow County, Ohio, in 1852.

He attended Ohio Wesleyan University and "began teaching at the early age of fifteen years"; was graduated in 1875 from the Detroit Medical College. In 1886, after practice in Marengo, Ohio, and Richmond, Michigan, he located in Oxford.[40]

"It is the glory of our country that industrious and capable men should so abound."

The above was written in connection with the biography of Dr. George F. Hunter of Holly, a lineal descendant of the famed Dr. John Hunter.

He was born in 1849, educated in St. Mary's, Ontario, was graduated in medicine in 1869. In 1877 he came to Clyde and a year later to Holly, Michigan. He attended the Buffalo Medical College and in 1880 graduated therefrom. He held membership (1891) in the State Medical and American Medical Associations, College of Physicians and Surgeons, Ontario, and Alumni Association, University of Buffalo.[40]

Dr. Charles M. Raynale, born in 1846, the son of Dr. Ebenezer Raynale (*See* "Pioneer Physicians"), "grew up in his native place" (Birmingham) and was "trained to habits of industry and usefulness" and to "sentiments of honor." He spent one year in medicine at Lake Forest University, Cleveland, and was graduated from Detroit Medical College in 1869.[40]

A worthy son "following in the footsteps of his honored father" both in his profession and political affiliation.

Dr. Nathan Billings Colvin was born in Oakland County in 1857, the son of a pioneer. He was a student at Pontiac High School, taught school four winters; was graduated from the University of the City of New York, in medicine, in 1882; began practice in Missouri, and five years later located at Pontiac.[40]

Dr. Colvin has always taken a serious part in local, state and national medical activities.

Dr. Hilem E. Branch, a practitioner of medicine for fifty years in St. Louis, died in 1921 at the age of 82.[28]

Dr. Julian A. Buel, born in Milford in 1840, a graduate of Michigan University, in medicine, was in active practice in Franklin since 1866.[40]

Dr. William Aitcheson, born in Canada in 1846, was graduated in 1873 from the University of Michigan, in medicine. He was an "earnest prohibitionist" after 1844. He had "an extensive and lucrative practice" and his assets from $2.50, when he located in Ortonville, steadily augmented.[40]

Dr. W. J. Hare, born in Canada in 1857, educated in the common schools, a military academy at Mt. Forest and the collegiate institute at Orangeville, Ontario, graduated in medicine at Ann Arbor in 1883 and Bellevue in 1884.

He had in 1891 a "beautiful residence" and the "only drug store" in Leonard, Oakland County.[40]

Dr. Lorenzo Towne (1851-1918) of Lansing, a graduate of Detroit College of Medicine, died in July in Lansing.[28]

Dr. D. L. Howe, "a conspicuous figure on the streets of the village of South Lyon," widely and favorably known, "has retained the habit of study and observation, has given close attention to every subject which bears upon his profession and particularly regarding the human form divine."

He was born in Canada in 1835, entered the "Toronto School of Medicine" and remained for one term; was graduated at Jefferson in 1874, practiced in Oakville, Canada, for a year and after 1866 in New Hudson and South Lyon. His wife was a practicing physician in Detroit.[40]

Dr. Lewis C. D. Hammond, a native of Oakland County (1855), taught for a term in Orion township. He was graduated from the Michigan College of Medicine and built up a fine practice in Clarkston, being "able to apply his theoretical knowledge to good advantage, to make careful diagnoses and follow them by well-selected remedies."[40]

"In no profession is it more needful to find the true milk of human kindness than in the medical profession whose personal influence is a medicine of no small potency."[38]

A reservoir of this was found by the biographer in the person of Dr. Lewis Taylor of Flushing, whose "purse as well as his heart is always open to the poor, the sick and the needy," and who was "loved by all."

He was born in New Hampshire in 1818, came to Michigan in 1847, sold "libraries and law books," came to Flushing from Adrian "when there was but one small store here."

He studied homeopathy in 1848 with Dr. Henry Knapp, began practice with him, and in 1852 moved to Flushing where forty years later he had "a very fine library comprising rare and costly medical books, works on theology and a fine historical library."

"In 1862, he, with others, organized a Homeopathic Medical Society at Detroit."

"Dr. Taylor has been a hard worker for the School of Homeopathy in this State and through his endeavors and labors he has lived to see this branch of medicine take a high position in scientific circles."[38]

He had, in 1892, "a circuit whose radius extends from fifteen to twenty-eight miles" and "frequently the poor and unfortunate have been richer in store and larder after one of his visits."[38]

Dr. C. M. Putnam was born in 1842. Fifty years later he is mentioned as "a man of broad culture and great native ability, who has a keen insight, not only into the affairs of his profession, but into the nature of men and the movements of public affairs." He was also known for "his pleasant, affable disposition and cordial friendliness."[38] (*See* sketch elsewhere herein.)

Dr. M. C. McDonnell (1850-1921), born in Lockport, New York, came with his parents to Dexter in 1856. He was a graduate from the medical department of the University of Michigan in 1876, and practiced in Bad Axe.[28]

Dr. Byron Defendorf of Chelsea, a graduate of the Detroit Homeopathic Medical College, 1874, died June 12, of chronic myocarditis, aged 89 years.[27]

Of Dr. John W. Handy, his biographer writes,[38] "There is probably no physician in Genesee County more worthy of the name than the one of whom we now write, and he is at the same time thoroughly worthy of the title of gentleman, and is a man of great practical experience and ability."

His grandfather, a near centenarian (1899) had a brother, "the famous showman, Leman, who owned the first caravan in which a man entered the cage of lions in the United States," and it may be truthfully said of our confrère in the Genesee County Medical Society of which he is an ex-president, that in a menacing situation he would rarely be found unprepared and would usually emerge therefrom successfully.

Born in Livingston County in 1852, having limited educational advantages, he taught school at the age of eighteen and prepared himself through money thus earned, and by further work in the summer, for further schooling.[38]

He was graduated in medicine, at the University of Michigan, in 1884, practiced for a year in Hartland, then located in Flint. For a time he was a partner of Dr. Cogshall (*See* "Prevailing Diseases"—Tuberculosis), thereafter practiced independently and is still going strong at the age of seventy-six (1929). He is a devoted medical society attendant and participant.

Attention is called to his contribution *in re* the clinical thermometer in the chapter on "Diagnostic Aids."

Dr. Andrew Slaght came at the age of 14, in 1846, with his father, a veteran of the War of 1812, to Mundy township, Genesee County. He was educated in the district schools and Flint High School, and was engaged for a time in teaching. He was graduated in medicine at the University of Michigan in 1868, located in Mundy, and later in Grand Blanc, where he practiced successfully for many years.[38]

Dr. Lorenzo J. Locy (1855-.........) was graduated from the Flint High

School in 1875, received his B.S. degree from the University in 1879, and M.D. in 1881. Thereafter he studied at the College of Physicians and Surgeons, New York. He practiced at Swartz Creek and Goodrich and in Davison after 1887; was successful and highly esteemed.[38]

Dr. Anson J. Adams, born in 1842, in Oakland County, was educated in Pontiac and the Detroit High School. He received the degree of B.A. from Williams in 1867. After graduating in 1872 from the Homeopathic College, Cleveland, he practiced in Pontiac for a year, then moved to Flint, where, in 1892, "he gives his individual attention to his chosen calling, and finds in the skillful practice of his profession a satisfaction known only to one who follows a chosen and much loved career."[38]

The parents of Dr. Henry R. Case, who was born in 1848, came to Oakland County from New York State in the forties. He was a student in Flint High School and at the National Medical College, where in 1873 he received a medical degree. He was resident physician in the Children's Hospital, Washington, for a year, then located in Grand Blanc.

He was a member, in 1892, of the Methodist Church and being "still a young man," the biographer feels assured that his career "marked with so great a degree of success" gives large promise, inasmuch as "the discoveries in the science of medicine have not been exhausted."[38]

Dr. George K. Johnson of Grand Rapids was, like many another of his day and age, given to plain speaking. He says, in the annual address in the *Practice of Medicine*:

"At the present moment two chief delusions divide the favor of the credulous. It is a nice point to decide between the respective merits of Homeopathy and the Mind-Cure. Some centuries ago theologians debated astutely whether an angel could walk on the edge of a razor. Equal astuteness is now required to decide between these two delusions, or to find one jot of science or sense in either."[43]

Discussing "Popular Medical Superstitions" in 1878, H. A. C. (Dr. Cleland) declared in his convincing and learned style, "Indeed the medical superstitions of these modern days are I think, as a whole, as unpolished and uncouth as any on record in the middle ages. They would seem to point to the fact that there is a deep underlying stratum of superstition in human nature which, but for the continued sediment of knowledge thrown down by the civilization of the age, would soon crop out in all its bald deformity."[3]

This holds more than true for a half-century later, and the "sediment of knowledge thrown down" is, perhaps, proportionately less. I have been shown a letter from which the following extracts are made. It is an appalling revelation.

> August 23, 1928.
>
> Mr. dear Belle:
>
> . . . As regards my *last* accident *no* I am not fully recovered and time alone can tell. I seem to have *nine* lives. . . . I try to keep cheerful on [her husband's] account. . . . I don't know as you are aware that about thirty years

> ago I became interested in *Christian Science* and went into it head over heels. . . . I joined the C. S. church. . . . One stormy Sunday I fell on the church steps, did some damage to my left hip, was taken home and sent for the 1st Reader of the church who treated me according to their Faith and mind that "Good (God) is every where present and there is no sickness, sin, or death." He asked me "did I want a Doctor." I said, "no" for what good was my faith if I turned my back on it at the first trouble. Right there he should have set me straight.† . . . but no I lay there with a dislocated hip—which could have been set in a few seconds then "Science" could have relieved the pain and hastened the healing. . . . I have never known the truth about the hip until I had an X-ray taken for a later fall, and then it was too late to remedy. Result, liability of a fall any time owing to faulty ballance [*sic*].

The "faulty ballance" (mental and physical) had brought about *three* later falls, concerning the fourth of which the "patient" was writing. Attention should be directed to the above "Good (God)" which might appear more appropriately as "Good God!"

There was naturally much indignation on the part of discriminating physicians of the "School of Scientific Medicine" to the current use of the term "allopathy" a half-century ago. Dr. Dunster is scored by Dr. Corbin of St. Johns for employing the expression and Dr. Mulheron pleads guilty of thus quoting him. "Although the report of Dr. Dunster's speech [taken from the *Atlanta Constitution*] makes him use the word, we, of course do not believe that he ever uttered it."[32]

Of course, he didn't. Dr. Dunster's diction was careful to a degree. One who has listened to his discourse can scarcely conceive of a slip of this character.

The profession was puzzled over the matter. Dr. Parmenter had suggested "rational physician" and later thought "pantopathy" might answer the purpose, if "a Greek terminology *must* be employed." Dr. C. W. Woolidge of Whitehall was fairly content with "physiological" inasmuch as "our patent right on common property has already become a fixture, in the appropriation of the word 'eclectic,' by a sect in medicine whose eclecticism is far less thorough and universal than our own."[32]

"Pantopathy" struck Dr. W. C. Huntington of Howell "quite favorably" but he regarded it "too broad in its significance" and inquired "how would Adesmy do? being coined from *a* privative and *desmeo*, 'I bind or confine,' and would signify non-restriction."[32]

Fortunately, it is not too late for Adesmics, or for Pantopathics for that matter, but as to the latter word the prejudices of the once-upon-a-time-weaker sex should be regarded.

Accepting the definition of the term eclectic, by Dr. Scudder, a representative of the school, "as one who has cut loose from all *authority*—one who is a free man and a free thinker in medicine," Dr. Mulheron can discover no "difference between an eclectic and an egotist."[30]

'Tis well for Dr. Howell of Goodrich that he lived in the good old days. Through the medium of the *Michigan Medical News*, he was scolding in

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†"Straight." Verily it is to smile.

1879 about "the patent nostrums which fill the shelves of every drug shop in the land." What would he say of the present condition?

Dr. Thomas H. Laverty, born in Lockport, New York, in 1821, came to Michigan with his father at the age of ten years. Three years later he was left an orphan and until the age of 18 lived with a bachelor uncle in Jackson township. In 1839 he worked for a school-teacher in Northville, thus paying for board and tuition. At twenty he began the study of medicine. He attended one term in Castleton, Vermont, in 1844, practiced for a short time in Ohio, graduated from Western Reserve University, Cleveland, in 1847. He practiced afterward at Royalton, Ohio, Fairfield and Hillsdale, Michigan—in the latter place from 1852 to 1856. He practiced dentistry in California for ten and one-half years, then returned in 1868 to Fairfield.

He saw Jackson when it had but one house, knew a vast deal of a pioneer physician's life; "has made visits twenty miles apart in one day, when he had to hitch his horse to a tree, and wade through water, and over logs for long distances."[7]

Dr. J. Andrews of Paw Paw, elected to membership in the State Medical Society in 1873, died in 1886.

Dr. Josiah Williams, born in Connecticut, settled in Eaton County in 1843 after four years' residence in Moscow, Hillsdale County.

"He was a natural physician," was "really forced into practice of medicine," and "honored with a diploma from the Eclectic Medical College of Cincinnati." He was an ardent Whig, later a Republican, and a member of the M. E. Church.[36]

The following notice of the death of Dr. James F. Rumer appeared in the *Detroit Free Press,* March 10, 1929:

> "Funeral services will be held Monday afternoon at 3 o'clock for Dr. James F. Rumer, former state senator and Republican leader of this district for many years, who died at his home in Davison, Friday night. Burial will be in the village cemetery.
>
> "Dr. Rumer was born in Rushsylvania, Logan county, Ohio, in 1852 and came to Michigan when he was 30 years old. He lived in Davison for 29 years after residing in Mt. Morris and Richfield township.
>
> "Elected to the state senate in 1905 and 1906, Dr. Rumer was later appointed to the board of pardons and paroles. His extensive political career included the presidency of the village of Davison and a long service on the village school board. Governor Fred M. Warner appointed him to the state pardon board. His professional practice included the duties of district surgeon for the Grand Trunk railroad for many years.
>
> "Dr. Rumer was a member of the Genesee County Medical Association, a life member of Davison lodge, No. 236, F. and A. M. Bay City consistory Scottish Rite and the Elf Khurafeh temple Mystic Shrine and a member of the Odd Fellows."

Dr. Rumer left five children—among them Dr. Edward C. Rumer of Flint. He was a diligent medical society member, a conscientious practitioner, a companionable associate.

Dr. R. C. Winslow of Battle Creek has kindly furnished the following items in reference to his grandfather, Dr. Loring Spooner Winslow:

"Two weeks ago, I was at LaPorte, Michigan [Lee's Corners] and made inquiry as to any saddle bags and other equipment used by my grandfather, Loring Spooner Winslow, who practiced medicine there, 1866 to 1876, but I was unable to get track of anything aside from a desk brought from Vermont, that he used and which is now in possession of a son at Selkirk, Michigan. He had the saddle bags and made all calls by horseback, there being little or no roads for vehicles at that time.

"I remember of having seen an old edition of 'The United States Dispensatory' that was a part of his library.

"In the 'Winslow Memorial' (two volumes), the following statement regarding him is made:

> "'Loring Spooner Winslow (7th descendant of Kenelm Winslow, the Pilgrim), born March, 1808, at Barnard, Vermont, married Joanna Richmond, who died leaving no children. He married 2nd, Mary Brown and had seven sons, all of whom reside near Saginaw, Mich. (LaPorte). He is a very influential man; has been a temperance lecturer.
>
> "'He moved from Barnard, Vt., to a tract of land which he had taken up from the Government near Saginaw, Mich., in 1866, where he practiced medicine. Died at LaPorte, Mich. (Lee's Corners), March 26, 1876, death caused by septicemia contracted while performing an autopsy.'"

* * * *

"William Parmenter, a well-educated physician, settled in Vermontville, in 1864. Born in Tully, New York, he was educated at the Michigan University in Ann Arbor, practiced medicine in Iowa for four years and in Olivet, Michigan, for one year before he moved to the village where he now resides, having been in continuous practice for a third of a century, a much longer time than any other physician."[33]

"By the early '60's there was a good sprinkling of German medical men in Michigan. Besides those already named in Detroit there were Charles A. Hanmer, George Huenert, M. J. Klein, S. Joseph Merendorff, Carl Otto, Edward Schroeder, Casper Schulte, Edward Steeger, Heinrich Thuener and Benjamin Rudolph. In Grand Rapids Eugene Mainhan was in practice; in Bay City, F. W. Walthausen and Charles Kindemann; in Jackson, Drs. Schott and Selphe; in Ann Arbor Carl Rominger, Conrad Georg, J. Krapp and Bernhardt Hesse. Henry Geissmar practiced at Belle River; Dr. Rinehardt, at Pontiac; Edgar Hamm at Danville; M. D. Senter at Eagle River; Wilhelm Godeke at Leland; Dr. Lewis Kleine at Midland; Dr. Felke at Cedar Rapids, Franz Schott at Marshall: Dr. Laukenstein, at Grand Rapids; and Edward Dorsch at Monroe. Dr. Dorsch was a man of great brilliancy, and his library is part of the collection of the University of Michigan."[6]

"Dr. Charles C. Dillenbaugh, whose father was a doctor also and a native of Switzerland, made an early occupation of Clinton County in a professional way, settling there in 1863, after a year's study at Michigan, another at Buffalo, and six years' experience in the Erie County Hospital. He was thirteen years at Westphalia and then went to Portland, in Ionia County. He was one of the old-fashioned general practitioners, whose work carried him over the territory of several counties. Although not of their faith and a Mason, he got along famously with the Bavarian Catholics of Westphalia whose professional stand-by he was for a generation."[6]

"Among the early practitioners of Ionia county was Frederick Gundrum, born in Pirmasens, in the Bavarian Palatinate, in 1843. After an experience in Indiana, where he learned English and read medicine for three years privately, he attended Michigan University for one year and Miami Medical College for another, and graduated in 1868. He immediately went into practice at Ionia. He made a good reputation as a surgeon, and, like Dr. Dillenbaugh, was called upon to traverse a wide area in his practice. His brothers, Godfrey and George, of the same birth, were pharmacists during the same period in Ionia, George Gundrum later being president of the State Board of Pharmacy."[6]

"Dr. John Flinterman, who started a practice at Detroit in which he continued for forty-five years following 1867, was born in Amsterdam in 1840, but was the son of German parents, Rudolph Flinterman and Margaretha Regenbogen. He got his primary education at Schuettdorf and Lingen, and studied medicine at Göttingen, where he was licensed and married, coming immediately to America and Michigan. He built up an enormous practice in all classes of professional work, and was a devoted and hard-working member of the professional societies. He was one of the originators of the Detroit Board of Health, a member thereof for several years and its president in 1881. He was the first apprentice of Schiller Lodge of Masons.[6]

Dr. George W. Jones, an honorary member of the Michigan State Medical Society, and at the time (February 18, 1928) of a banquet given in his honor by his son, Dr. Morrell M. Jones of Detroit, "probably the oldest physician in active practice in the State of Michigan," responding to toasts and in acknowledgment of the presentation of a beautiful gold watch, said in part:

"I have, during my whole professional life, tried to avoid publicity of all kinds, and I assure you that this meeting was not sought by me. It was staged without my knowledge or consent.

"However, I am here, and it is a great pleasure to be surrounded by so many prominent members of the medical profession. I recall that a strange fatality often follows occasions of this character. I am reminded that Doctors Carstens, Walker and McGraw, of your city, passed away soon after banquets were held in their honor. I trust this will not be my fate.

"With your permission, I will relate a few incidents of my life. I was the son of Rev. George Jones, an M. E. Minister of Ontario, and Laura Jones. I was born at Orona, County of Durham, Ontario, February 11, 1839.

"I received a common and grammar school education and on November 6, 1854, began the study of medicine with Dr. E. G. Dorland of Belleville, Ont. I remained with the doctor for one year, and on November 1, 1855, I made my way to Toronto, on the top of an old-fashioned stagecoach, as there were no railroads at that time (the Grand Trunk was building, but no trains were running) at Toronto. I matriculated with the medical department of Victoria College, better known at that time as Dr. Rolph's School of Medicine, where I remained until the close of the session, in the spring of 1856.

"On November 1, 1856, I returned to Victoria College intending to continue my studies there, but owing to a disorganization of the faculty, I became dissatisfied and left for Buffalo, New York, where I entered the University of Buffalo Medical College and remained until the close of the session in the spring of 1857.

"I returned to Buffalo in the fall of 1857 and on February 24, 1858, I graduated, receiving the degree of M.D.

"On the seventh of July, 1858, I went before the Ontario Provincial Medical Board and passed my examination for a provincial license, which gave me permission to practice in any part of Ontario. I began the practice of my profession early in 1859 at Prince Albert and Port Perry, Ontario, where I remained until December, 1870, when I was succeeded by my brother, Dr. Richard Jones, now deceased; and I removed to Imlay City, Michigan, where I have since resided.

"In 1860 I took a post graduate course in New York City and again in 1862 spent four months more there. I was a charter member of the Lapeer County Medical Society, and served as president for two years, succeeding the late Dr. Hugh McColl. On August 18, 1916, I was made an honorary member of the Michigan State Medical Society.

"During my long residence in Imlay City, I have witnessed many and marvelous changes in the village and its surroundings. In 1870 it was a small, insignificant hamlet of less than 100 inhabitants. There were no churches and no school house. Many of the streets contained the stumps of forest trees. The roads in every direction were in bad condition, and almost impassable. I made many of my professional calls in the country on horseback. To illustrate some of the hardships I endured in my early practice I will mention one of many similar ones. On a dark, rainy night in November, I received an urgent call to attend a man in the Lynn swamp some eight miles distant, who was reported to be bleeding to death from a severe wound in the leg. I mounted my horse, which by the way was a thoroughbred saddle horse, which I had brought from Canada, and hastened to his bedside. The marsh was in such a condition that I was obliged to hoof it for more than a mile, tying my horse to a tree on dry land until I returned. When I reached the man's abode I found he had bled profusely with his leg corded tightly by twine. He was all alone in his shack. I found he had severed a large artery of the leg and so without any assistance and in the dim light of an old dirty lantern I ligated the artery, which arrested the hemorrhage. I then made my way to my faithful horse and returned home at 12:30 o'clock, tired and sleepy. For this trip my bill is unpaid this day. I could recite scores of similar cases, but I forbear. Our highways and streets rapidly improved and today our main streets and important roads are all paved.

"I was the first physician to settle in Imlay City, coming there December 23, 1870. During my long residence I have been actively identified with its interests and filled various positions of trust and responsibility, such as a member of the school board for many years, postmaster for twelve years under four different administrations; president of Imlay City several terms; promoter and founder of Imlay City Fair Association and its president for seven years; local surgeon for Grand Trunk Railway for near thirty years; member of Lapeer County Pension Board and chairman for fifty-two years of Congregational Board of Trustees. I have voted at each village, township, state and national election since I became a naturalized citizen.

"I was made a Master Mason by Mt. Zion Lodge, Brooklin, Ontario, August 20, 1866. My record is that of the oldest living member of Imlay City Lodge No. 341.

"In my early practice, obstetrical cases were $5 each and one free visit afterwards; the fee gradually increased to $8 and $10. In a review of my obstetrical cases I find 1,700 to my credit. I carried my dental instruments with me on all country calls and extracted teeth at 25 cents per tooth. I kept a good supply of leeches on hand and often used them for local bleeding. I also resorted to wet and dry cupping quite frequently. I used for many years a scarificator which, by touching a spring, made ten incisions, to be followed by suction with cups. Bleeding was practiced quite generally for inflammatory diseases, especially for pneumonia and pleurisy. Emetics were very commonly used at the beginning of many diseases, followed by blue pill, senna and salts. Tartar emetic in nauseating doses was extensively used in croup and as an expectorant, setons and issues for deep seated diseases were often used. Fly-blisters were our sheet-anchor in pneumonia and pleurisy. Clinical thermometers were unknown when I began to practice and the stethoscope then in use was an ordinary cylinder made of red cedar wood. This was soon followed by improved makes. A host of new instruments and devices now used were unknown and diseases and new methods of treatment have since been discovered. Appendicitis, as a distinct disease, was unrecognized; such cases were diagnosed as 'inflammation of the bowels,' and nearly all died. The functions of the ductless glands and their derivatives were not dreamed of, while vaccines and serums were not yet discovered. While I think many of the devices and methods of treatment have been overestimated, no one can question the fact that great advances have been made along surgical lines as well as in the treatment of diseases."

Dr. Jones announced himself as a total abstainer from all intoxicating liquors and for the last twenty years of his life from tobacco.

He advises young physicians not to engage actively in party political affairs, against farming and fast horses, and investing in get-rich-quick schemes, and to give undivided attention to their profession.

He stated, "I can truthfully say 'although age and infirmity overtake me, and I come not within sight of the castle of my dreams, teach me, O Lord, to be thankful for life and for time's olden memories that are good and sweet, and may the evening twilight find me gentle still': and when the last summons comes, which will come to us all, may I be able to look back to a life of honor, and in the words of Henry Van Dyke, say:

'I shall grow old; but never lose life's zest,
Because the road's last turn will be the best.' "

"It is a pleasant privilege we exercise," writes the editor of the *Journal of* *the Michigan State Medical Society,* in April, 1928, "in extending our felicitations to Dr. George W. Jones of Imlay City, on the attainment of his eighty-ninth birthday with the mental alertness and good health of a man many years his junior. The doctor says he has no panacea, no elixir of life to offer to account for his longevity. Elsewhere in this number of the *Journal* is an address by the doctor delivered on the occasion of the complimentary dinner tendered him by one of his sons. If there is any elixir that will postpone the infirmities of age, the doctor has at least hinted at it, namely work, not the activity of the drudge but work directed by intelligence. An important antidote to the limitations of age is an equal mind, *æquanimitas* as Osler was wont to inculcate in his happy philosophy. Truly the Kingdom of Heaven is within you. 'For,' as Cicero has so aptly put it, 'to those who have not the means within themselves of a virtuous and happy life every age is burdensome; and, on the other hand, to those who seek all good from themselves, nothing can seem evil that the laws of nature inevitably impose.' "

"The doctor has been a great reader and probably at no time greater than the past two or three years, according to a statement by himself. One cannot become old in the real sense so long as his interests are varied and keen. The fact of having raised two sons whom he has lived to see successfully established in medical and surgical practice, has also been a powerful incentive to study, for the sires live in the sons. These sons have given the father an opportunity to live his academic life over again, much as grandparents renew their younger days in their grandchildren. We repeat so long as a man maintains intelligent contact with his professional work or with his present he cannot grow mentally old.

"Dr. Jones does not look his chronological age, otherwise he might say with Adam in 'As You Like It.'

> 'Though I look old yet I am strong and lusty,
> For in my youth I never did apply
> Hot and rebellious liquors in my blood,
> Nor did not with unbashed forehead woo
> The means of weakness and debility:
> Therefore my age is as a lusty winter,
> Frosty but kindly.' "

In November, 1928, the summons came.

"The death of Dr. George W. Jones of Imlay City occurred on October 1st in his ninetieth year. On February 18th a complimentary dinner was tendered the father by one of his sons at which Dr. Jones read a very interesting paper giving an intimate account of his long career. His address, which appeared in the April number of the *Journal of the Michigan State Medical Society,* is well worth re-reading. Dr. Jones was an honorary member of this Society. The address concluded with advice to the younger generation of physicians which we feel is apropos at this time.

"Dr. Jones was in active practice until near the end of his life and in the full possession of his mental powers. He had always maintained contact with his professional work, consequently never grew old in the intellectual sense. He lived a simple life devoid of affectation.

> "He scarce had need to doff his pride, or slough the dross of earth;
> E'en as he trod that day to God, so walked he from his birth,
> In simpleness and gentleness and honor and clean mirth.
>
> "Beyond the loom of the last lone star, through open darkness hurled
> Farther than rebel comet dared or hiving star swarm swirled,
> Sits he with those that praise our God for that they served His world."[28]

"Dr. Carl Conrad George Brumme began the practice of medicine in Michigan immediately upon his arrival in Detroit in 1852. He was a Hanoverian, born at Göttingen, in 1817, and was the product of the schools of his native city. His grandfather had been a senator, a silversmith and church organist, and on the death of Dr. Brumme's father, became his guiding spirit, determining for him a career in medicine. His mother remarried, to a dentist, and young Brumme was apprenticed to his stepfather for dentistry and surgery for six years. He matriculated as a student of surgery in 1840, and of medicine in 1842. In 1843, Prof. Edward Von Seibold made him assistant physician, during his medical course, of the Royal Lying-in Hospital of his home city, a place which he held until his coming to America. Dr. Brumme was a particularly hard-working physician, especially among his fellow-countrymen, during the early years of the German settlement in Detroit."[6]

Dr. C. B. Stockwell, whose father, Dr. C. M. Stockwell, was a distinguished physician of early times, was a highly valued member of the Michigan State Medical Society. He was a devoted churchman, sang delightfully, told a story well. At a consultation, apart with others over the case of a man very ill, it was determined to advise the patient to prepare for inevitable and early departure for a doubtless "better land." The prognosis was broached to the invalid tactfully by one. "Do you concur in that opinion?" was the interrogation to another. "I do." And to the third, "Do you?" "Yes, we all feel that the end is near," was the reply. Putting his hand then, under the pillow, the patient produced a roll of very respectable dimensions. "What's your fee?" he inquired of each, promptly liquidated the indebtedness and then, "You are all dismissed. None of you knows a d—d thing about this case."

Concerning a patient whose life apparently hung in the balance from persistent vomiting, the doctor also communicated to the writer an interesting experience. The patient's diet had been most carefully regulated, but whatever its character, its destiny was the washbowl or other convenient receptacle. Once upon a time she was left entirely alone in the house. Making her way to the refrigerator she discovered food prepared for other palates than her own, namely cold boiled pork and cabbage. She did not resist the *piece de resistance*. Quite the contrary. Of it she consumed a large quantity. It "set" well and convalescence from that time forth was uninterrupted.

In delicate health, Dr. Stockwell retired from practice in 1928. At a dinner given in his honor by the St. Clair County Medical Society, "the president requested Dr. C. C. Clancy to preside as chairman for the remainder of the evening. Dr. Clancy made a very fine address in which he touched upon the splendid character, the sterling worth and professional accomplishments of the guest of honor, Dr. Charles B. Stockwell. After his address, Dr. Clancy presented Dr. Stockwell with a well filled purse as a token of the love and esteem in which he was held by the members of the Saint Clair County Medical Society.

"Dr. Stockwell, in a few well chosen words, accepted the gift, and told of an incident or two in the early days of the community.

"Following Dr. Stockwell the meeting had the pleasure of listening to splendid talks by Doctors Ney, Lohrstorfer, MacLaren, Derck, Waters, McKenzie, Callery, B. E. Brush, Cooper and many others.

"At the conclusion of these short talks Dr. Stockwell held an informal reception and farewell during which he bade goodbye to many of his former associates of the profession.

"Dr. Stockwell plans to leave Port Huron in a few days to take up his home with a daughter at Montour Falls, New York.

George M. Kesl, Sec'y-Treas."[28]

"My hands are crippled with arthritis deformans," Dr. Stockwell writes in November, 1928. Notwithstanding this handicap, however, his courageous letter is lengthy and replete with enthusiasm over the Medical History. As member of a Committee of the St. Clair County Medical Society, he wrote, so his letter reveals, "an account of the early members of the medical profession previous to 1875."

The above account with additions by Dr. Clancy, Committee chairman, appears elsewhere.

"Dr. George S. Ney, an honorary member of the Saint Clair County Medical Society, passed away at his home in Port Huron, Michigan, Thursday, January 24, 1929.

"Dr. Ney was born near Guelph, Ontario, Canada, March 14, 1854. After attending school near his home he became a teacher for four years. After attending lectures at the Toronto School of Medicine, Dr. Ney went to New York City to complete his education at Bellevue.

"Dr. Ney came to Saint Clair County in 1880 and after practicing medicine and surgery for about fifteen years at Yale moved to Port Huron. During the past thirty-three or thirty-four years he has lived and practiced medicine and surgery in Port Huron. Miss Ada E. Ney and Mrs. Frank L. Ryerson, daughters, survive Dr. Ney.

"Dr. Ney was beloved and respected by his professional associates. His sterling honesty and conservatism in the practice of medicine, together with his rare surgical ability, built for him a splendid reputation in his home community.

"His many associates in the Saint Clair County Medical Society will long revere his memory."[28]

Dr. Eugene Boise, Grand Rapids, Mich.; University of Michigan Medical School, Ann Arbor, 1869; Medical Department of Columbia College, New York, 1870; member and past president of the Michigan State Medical Society; past president of the Kent County Medical Society; formerly on the staff of the Butterworth Hospital; died, April 7, 1928, of cerebral arteriosclerosis, aged 81 years.[27]

"Fifty-six years ago young Dr. Eugene Boise, fresh from European study, came to Grand Rapids, associating himself with the leading physician of the community, Dr. George K. Johnson, an association which was to continue for thirty-three years. He had had, for that day, unusual educational opportunities, a graduate of Oberlin College, he had taken a medical course at the University of Michigan, graduating in 1869. He then spent a year at Columbia (College of Physicians and Surgeons of New York), and a further year as interne at the New York Charity Hospital. With such a background it is not surprising that he was to make a prompt success as a practitioner of medicine, and that he should always carry the highest ideals for medicine. Kindly, cheerful, competent, his patients were devoted to him. Always interested in the young man in the profession, he could be counted on to hold out a helping hand. I have heard it said that he gave away half a dozen practices. This the writer can well believe for he has experienced his liberality. By word of encouragement, by recommendation to patients, by the actual sending of patients, he helped the young man to get started. It seemed as though he felt this to be a real obligation on his part.

"Butterworth Hospital and the old Grand Rapids Academy of Medicine were his medical loves. He was on the staff of the first almost since its beginning, chief of staff for a great many years. President of the Academy of Medicine from time to time, he was always a dominant figure in its activities. A fellow of the American Gynecological Society and for some years the only member from Michigan, his name appears frequently in their transactions, and he valued the friendships made through this association as one of the most precious of his possessions. He was president of the Michigan State Medical Society in 1893, and president of the Kent County Medical Society in 1912.

"Always a student, a diligent reader, an excellent observer with an investigating turn of mind, it was to be expected that he would frequently put his pen to paper. He had developed certain theories on surgical shock, and most of his later articles were on various aspects of this. In 1905 and 1906 he did considerable experimental work on dogs, which resulted in several articles—"Nature of Shock," an address before the New York Obstetrical Society, 1906, "The Heart in Shock," a paper before the American Gynecological Society, 1907, "Acute Heart Failure," 1912, and "Shock," 1914. His work on shock gave rise to a most interesting correspondence with others interested in the subject. This was to him a most delightful experience. It so happened that I was in London shortly after these articles came out, and I remember how proud I was to find that Grand Rapids was associated with Boise and to have his work commented upon by English doctors.

"It was my privilege to be accepted by him as a friend and intimate, to be received by him and by Mrs. Boise as though I were a member of the immediate family, and as a young man it meant much to me. Today I more than ever appreciate the opportunity which he gave me for contact with a rich mind, ethical, idealistic, ambitious for medical progress, and best of all, intensely human.

"We note his passing with the greater regret in that it is significant of the new order in medical practice—the passing of the old-time family doctor. The gain to the public in scientific exactness is balanced by the loss in personal touch and friendliness and love. However, good judgment, resourcefulness and skillful therapeutics went far to make up for the lack of scientific exactness in diagnosis. They were real doctors, these men, primarily interested in getting their patients well, in which laudable ambition they were most successful."[28] (Burton R. Corbus.)

The presidential address of Dr. Boise to the State Medical Society in 1894, dealt with "Organization, A Necessity for Professional Progress."[43] It is a strong paper and anticipates exactly what later happened in this regard. "It would be well," he writes, "that every local society should be a part of our State Society, and not merely in name but actively, and under its governmnet. And that every State society should be a living constituent of the national organization, and that no local or county society should be represented in the National Society, except through its State organization. . . . He would also bear the title of 'Fellow of the American Medical Association.' "

Significant excerpts are—

"The professional intercourse of men qualified to bear the title 'Doctor in Medicine' should be characterized by a spirit of friendly emulation and honorable support."

"He can live an honored and envied life and build to himself that grandest of monuments, a name that will live forever in the annals of his profession and in the hearts of its disciples."

Such was the spirit he displayed in his own daily walk and conversation.

"Odd affair! Mysterious and baffling conundrum to be mixed up in—Life," wrote Dr. Eugene Boise in 1921.[28]

Dr. William Brodie was "unwontedly surprised" on the evening of March 21, 1878, by the presentation on the part of the Wayne County Medical Society of an "elegant Edition of Holmes' Surgery, five volumes." Dr. Peter Klein, the father of the Detroit profession, *venerabile et clarissime nomen*, was the spokesman on the occasion, which was "a fit one for a display of that gentleman's burning eloquence."

Dr. Brodie, who "was never known to fail as a speechmaker," responded and "made quite a speech." Thereafter "we all had a good time and didn't break up until quite early."[32]

Caution to the reader—should the mouth water, refrain from drooling on the printed page.

"Another presentation to Dr. Brodie" is recorded in *Michigan Medical News,* Volume I, Page 223. Quoth the *News,* he "is having an astonishing run of luck in the way of receiving presents." The last was from the Wayne County Medical Society following upon his second re-election as president. "Dr. Wm. C. Gustin at the close of a very elaborate address and one teeming with wit and pointed local hits, presented Dr. Brodie with a hickory cane. The intrinsic value of the cane was not great but the material out of which it was fashioned was strikingly emblematic of the recipient."

On the same occasion, "Dr. J. Burgess Book came into the room, preceded by a magnificent silver water pitcher, with goblets and bowl, borne on a silver tray."†

After "a flying visit to Ann Arbor," Dr. Mulheron records[32] "improved educational qualifications of the present class," "substantial prosperity on every hand," "three hundred and fifty students," matriculated. "That this matriculation examination has not been a mere matter of form is supported by the fact that graduates from the most noted high schools of the State were unable to pass it."

"The clinique was well supplied with material. Professor Frothingham added another to his extensive list of cataract operations [Graefe's modified linear extraction]." He had operated thirty times during the year "with 90 per cent of successful cases."

"Professor Maclean in the surgical clinique had several very instructive cases. . . . A visit to the hospital introduced us into one of the neatest, most cleanly, best ventilated and most convenient institutions of this nature we have ever seen."

Praise from Sir J. J. M. is praise indeed.

"In the number of your journal for May 10, a correspondent from Tennessee inquires about the dose of salicylic acid, giving his own opinion that the right quantity is 15 grns. every four hours. To this query and opinion, the Editor replies, 'Doses are the most relative things in the world. In our practice we usually give two grains of salicylic acid every two hours and are quite satisfied with the results.' " The foregoing is from the pen of the venerable (when I knew him) Dr. J. S. Caulkins of Thornville, who goes on to say:

"It would be both absurd and wrong to compel a sick man to swallow a larger quantity of any drug than is sufficient to produce the intended effect . . . We want facts on this point. Let those who have cured inflammatory rheumatism with small doses report their cases. . . . The Editor of this paper reported one such case a year ago but one swallow does not make a summer."

Follows the report of a case of his own and then comments by the editor of *Michigan Medical News.*

"One swallow does not make a spring, neither do two, and perhaps neither would a whole flock make a typical vernal season." He then adds the report of the case of a patient who objected to the remedy and required a substitute, which was prescribed, but the patient not improving returned for the former remedy, "not at all fastidious now" and was given a prescription containing salicylic acid 1 dr. in a four ounce mixture—a teaspoonful every 2 hours, after taking which he resumed light work and "model patient that he is, he called to settle up his bill."

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†This offering was for the hospitable and delightful Mrs. Brodie whose son, Ben, was accustomed to leave her presence only after bestowing a "Scotch kiss."

Dr. Sidney I. Small made a distinct contribution to Michigan neurology through the report of "Friedreich's Ataxia, with Cases" to the State Medical Society in 1895.[43] An illustration of this familial disease accompanies the paper.

Reflections of a Genial Physician

"The Fifteenth District Dental Society entertained the Marquette County Medical Society at a dinner meeting in Marquette on the evening of September 26 [1928], which the editor had the privilege of attending. One of the members of the Medical Society who could not attend sent a letter and some observations which were read and so much enjoyed that we wished to pass them on to all the readers of the *Bulletin.* The next day we had the pleasure of meeting Dr. Felch and gained his consent to do this.

"He is genial, hale and hearty and, although 82 years of age, does not look over 70 and bids fair to live as long as his illustrious father who died in 1891 at the age of 96.

"His father, Alpheus Felch, was Governor of Michigan in 1846 and 1847. He also served as Regent of the University of Michigan, United States Senator from Michigan and Professor in the Law Department of the University of Michigan."[34]

The following is an excerpt from this piquant letter:

"Probably one reason why physicians and dentists never had any fights was because the physicians had the best of the argument, since in those days they extracted teeth, which now they are forbidden by law to do. And that is a most just law and I must publicly declare that I can never die happily unless the Good Lord will forgive me for the half bushel, more or less, of teeth which I have 'pulled out' by muscular force, to say nothing of the possible fractured jaws, lacerated gums, and detached processes, etc., etc."

The following names of physicians in practice in Detroit in 1867 were extracted by Dr. Walter J. Cree from Clark's City Directory in his possession:

Albertson and Gorton
Alden, John M.
Andrews, Geo. P.*
Andrews, M. H.*
Armor, Samuel G.
Bohne, August
Brown, Henry J.
Brown, James A.*
Brumme, Carl*
Charvey, Pierre J.
Clark, B. L. (Colored)
Cleland, Henry A.*
Davenport, Louis*
Gilbert, Caleb B.*
Gorton, Wm. B.
Hastings, Charles
Inglis, Richard
Kermott, J. W.
Kiefer, Herman*
Klein, M. J.
Lauderdale, Edward*
Leech, Elisha*
Lodge, Edwin A.*
Lyster, Henry F.*
Noyes, James F.*
Ostrander, E. H.
Pitcher and Farrand
Schulte, Casper*
Scoville, J. B.
Smith, A. Harvey
Smith, Hamilton E.*
Smith, John C.
Spranger, F. X.*
Stewart, Morse*
Thum, John D.*
Van Norman, J. M.
Whiteford, Richard

"Those marked with stars," he states, "I have known in various degrees of intimacy—some rather remote but still I have met them. And to my advantage."

"Impressions of Havana, Public Health Service and Hospitals" is the subject of a delightful travelogue by Dr. Cree, published in the October 1928 issue of the *Journal of the Michigan State Medical Society:*

"*'Ciudadanos! Ayudenos en nuestra labor de conservar la limpieza de la ciudad. No arrojando este programa en la via publica'*—(Citizens! Help us in our work to preserve the cleanliness of the city. Do not throw this program in the street.)

"A Cuban law requires that cafes, restaurants, saloons, et cetera, give free, a glass of cold water to those who request it.

"The Cubans are great lovers of sweet drinks and while any quantity and all kinds of pre-Volstead drinks are obtainable, it is rarely that one sees a native under the weather. As for the tourists, there is another story."

Concerning the author, Dr. J. H. Dempster writes,

"Dr. Walter J. Cree is an old member of the Michigan State Medical Society. At the expiration of forty years in general practice he was made an (honor) member of the Wayne County Medical Society. He has made frequent holiday trips to Cuba and his paper will appeal not only to the profession in general, but especially to those who are nearing the half century of active practice."

Dr. Cree reported to the Detroit Medical and Library Association, in 1891, "Two Hundred Consecutive Obstetrical Cases."

Of the firm "Pitcher and Farrand" listed by Dr. Cree, Dr. Farrand only was living. Concerning Dr. Richard Inglis, Dr. Cree comments, "Brought me into this world."

"I have always been a nut on scrap books," writes Dr. Cree in a letter enclosing interesting collections of clippings from newspapers, menus of banquets and announcements of meetings of the several societies of which he was sometime secretary, "but it has been worth the while even if this is the only instance where they have been useful. I have cleared up many a discussion by referring to the books. I go back as far as 1868, which shows my first school certificate.

"I have tried to find notes of a paper read at the Detroit Medical and Library Association in the early nineties by some one of the Ann Arbor faculty. It was, I remember, a rather ultra-scientific paper and went way over the heads of all excepting Drs. Mann and Wyman and they both discussed the paper intelligently, each with his own peculiar mannerism."

Dr. J. S. Caulkins wrote on "Facial Erysipelas."[30]

Apropos of nothing at all he was a polyglot.

Among other interesting efforts of Dr. Caulkins of Thornville in the public weal was a paper in 1880 read at the Sanitary Convention in Flint on "Forests and Trees as Sanitary Factors." He could not have foreseen the advantages of "speed" and "get there" and the necessity for "widening" everything except culture or he wouldn't have written on such an absurd subject.

And here's the requiem:

> There, little forest with poplars so high,
> You'll be a rich man's estate by and by.
>
> There, little rich man's exclusive estate,
> You'll be a golf course, as certain as fate.
>
> There, little golf course, I pray you don't cry,
> A swell sub-division you'll be by and by.
>
> There, Gleaming Gables, no longer so bright
> Now you are ripe for a factory site!
> —Anon.

Dr. Caulkins' learning was wide and for his day and age profound. It embraced many fields of inquiry—among others, sanitary science. A paper detailing "Methods of Study" therein was read at the Sanitary Convention in Detroit, January 7, 1880.[3]

In discussing "Diphtheria" he writes, "This same doubt concerning the contagious nature of diphtheria exists in the profession, some holding that it always originates in bad sanitary surroundings such as filth and defective drainage, while others believe that every case springs from a preceding case. There are those that mix up the two theories and think that the disease may originate spontaneously and then propagate itself. Among the prominent advocates of this view is the ex-president of this Society [Northeastern District] our friend and associate, Dr. McColl."[3]

He continues, "Ten acres of filth concentrated down to its quintessence, and given in allopathic doses would bring out the smallpox as quickly as it would the diphtheria."

"Chorea Paralytica, Aphasia, Amnesia, Recovery" is the title of another paper by this worthy physician.[3] "This is a typical case," he writes, "of such as occur in the practice of every physician, and are generally attributed to 'malaria,' but, as I have never been able to define this word 'malaria' satisfactorily to myself, it is impossible to give it so great credit . . . ." He attributes the cause to "excreting functions of the abdominal viscera being insufficiently performed" and the nervous system "prostrated by this powerful neurotic" carried into the circulation.

"Dr. Henry J. Reynolds, erst of Orion, Michigan, who removed to Chicago only last summer [1884], has already become appointed Professor of Dermatology in the College of Physicians and Surgeons in the latter city."[30]

In the "History of Medical Practice in Illinois," Volume I, Page 559, we find that "Dr. Z. T. Slater studied under Dr. N. Hard and later graduated at Laporte, Indiana, in 1848. He began his life's work at Shabbona, DeKalb County, but in 1851, moved to Battle Creek, Michigan, where he remained until his death, in 1876. He was never a resident practitioner of Kane County."

Dr. D. W. C. Wade of Holly, Michigan, was an interesting character. His office was the most disorderly this writer has ever visited with the single exception of that of Dr. H. B. Baker of Lansing, long the secretary of the Michigan State Board of Health. Newspapers, journals, books and manuscripts were strewn about higgledy-piggledy. He was an omnivorous reader, an inventive genius and never hesitant in departing from medical traditions if he found them momentarily in conflict with a recent pet theory. Withal he was highly intelligent and a frequently convincing writer and speaker. To the *Michigan Medical News* for 1879, he contributed an article on "Catarrh of the Nasal and Connecting Cavities—New Treatment." His treatments were nothing if not "new." In this article he proposed "the plan of reaching the interior of the antrum, frontal sinuses and middle ear *by rarefying the air contained within these cavities, and when the air is allowed to re-enter them, to convey with it the medicine it is desired to apply.*" (Italics his.) "Sceptical people," he proceeds to say, "may doubt the practicability of doing this, but whoever will try the experiment I shall describe will be convinced."

He exhausts the air by "attempt to inflate the lungs with the mouth and nostrils closed," but just to what extent the atmospheric pressure can be removed in his way [he] is unable to say." Nevertheless it "only remains now to contrive a plan of combining medication and rarefaction." A "bent tube in the shape of a horseshoe" is figured which—in case the instrument makers fail to confer a favor upon the profession by placing the instrument in the market in time for the coming campaign—can be made by any physician with the aid of a spirit lamp and from glass tubing.

Meticulous direction is given for the administration of medicines which evidently required the hearty—and lungy—coöperation of the patient. However, "clinically the theory is sustained. Patients are profuse in the expression of opinion that the medicine is immediately conveyed to the parts" designated.[32]

So that's that, and let the doubters be ————!

He had a "New Antiseptic," indeed had produced "two" to offer to the State Society in 1888—the persulphite and sesqui-sulphite of aluminum. He had "not yet proved by biological experiment their exact position" and as to the latter did not know how large a dose "might be safely taken into the stomach," but did know "that thirty grains had produced no disagreeable effect."

He promised to be brief about their chemistry and pharmacy—and was.[43]

Dr. Wade also had something to say on the subject of Ptomaines and Iodine in 1889. As usual his "conclusions are applicable to the study of all catarrhs, simple or specific."[43]

No more confident writer ever wielded a pen.

Dr. DeWitt Clinton Wade, born in Chautauqua County, New York, in 1839, was graduated "a month after his twenty-first birthday, the youngest in his class."

He began practice in Holly in 1861 and thirty years later "his surgical cases came from all over the State." He weighed at that time 200 pounds but when he "grasped his 'sheepskin,'" 150 only. He was in 1891 five feet nine, had good health, dark eyes, hair black "but what there is left of it is getting mixed." He "reformed" in the matter of smoking three years before. He had numerous medical society connections.[40]

Resourcefulness is admirably illustrated in a paper before the Washtenaw County Medical Society in 1882, by A. F. Kinne, A.M., M.D., of Ypsilanti.[3] Reviewing a paper by the famed Dr. D. B. St. John Roosa, of New York, upon "Removal of Foreign Bodies from the Ear," he says:

"The following recapitulation, with which the lecture closes, comprises about all the treatment that the learned professor seems to think it worth while to recommend:

"'First: Be sure that there is a foreign body in the ear.

"'Second: Remove it by syringing, if possible.

"'Third: Wait quietly, if it is wedged in that it cannot be removed in this manner, until you can secure competent assistance, and then proceed with care and caution, and with such instruments as your ingenuity and the ordinary instrumental collection of aural surgeons will furnish.'"

Then: "There can be no fault found with these directions, of course; they are eminently wise and appropriate; but they are insufficient. The lecturer seems to discriminate in his mind in favor of the greater skill and better instruments of the specialists, and to give only these few directions to the general practitioners, with the implied expectation that most of the cases of much difficulty will go to the office of the aural surgeon."

And then: "And I write this paper with the hope that I can contribute something to this end from my own experience.

"Nearly thirty years ago I was requested to stop at a farm-house and get a bean out of a child's ear that had lain impacted in the auditory canal nearly three days. Two other doctors already had failed in their efforts to extract it, and upon looking into the ear I thought I could see the reason. The bean was crowded hard in upon the tympanum, and both it and the canal were so swollen that it did not seem possible to bring any instrument that I had ever seen to bear upon its salient edges. A slender forceps, for instance, could be introduced, but an attempt to separate the blades would probably fail—would be very painful certainly. And I thought of Hugh Chamberlaine's invention; the idea of a slender forceps to be introduced a blade at a time and locked backwards. But the adaptability of such a forceps should first be determined by experiments upon the cadaver, which had never been made, as I am aware.

"And I then thought of a better expedient still—a minute, sharp-pointed tenaculum shaped hook—but no such instrument was at hand. And upon looking through the illustrated catalogues of the instrument makers, I find nothing of the kind described. And I cannot learn from such aural surgeons as I meet that any such hook has ever been tried or thought of. Probably, at first thought, in the case of these unsteady and perhaps struggling little patients, a sharp hook would be deemed unsafe; but indeed, the entire safety of the instrument resides in its minuteness.

"Casting about for something to work with, I saw lying in the window a large pin and a pair of shears. And taking the point of the former between the blades of the latter, I easily formed a little hook that answered my purpose in that case admirably. But the precise manner in which I used it is too simple and obvious to require a detailed description."

And then: "About twenty-five years ago, for I am reporting from memory, I was called to see a well grown boy whose ear had been torn off close to his head by a wagon wheel. The wound was ragged and dirty, and the bystanders thought the ear 'no good'; but the skin in front of it was not torn through and I decided to attempt its restoration, and succeeded. I pinned it on with cambric needles, annealed and curved. And, mindful of the danger that the ear might slough, when I passed my ligature around the ends of these, I sought to bring the torn edges into close apposition without drawing it tightly enough to interrupt the local circulation."

Also: "The complete instrument to which this paper refers is a compound one, there being formed at the opposite end a small blunt hook for the removal of foreign bodies from the nose; and by having these two hooks turned in opposite directions, each serves as a guide to the other in operating."

They couldn't in 1881 "put over" on Dr. George H. Green of Burlington, Michigan, any theories of localization. In a paper on "Paralysis"[3] he takes issue with "a large majority of neurologists." While recognizing that "if the writer gives the views of standard authority and follows the beaten path, his paper is accepted without comment and all passes smoothly," he introduces with temerity "some thoughts which [he] may not be able to substantiate" in the hope of provoking [such] discussion."

Possibly this hope was his principal motive but "if cerebral localization is a mistake," he inquires, "What is the cause of paralysis?" and answers that the "essential element" of the disease is "irritation" which may be centric or excentric, and causing the symptoms of paralysis by an extension or transmission of an irritation through some part of the cerebro-spinal system to a portion of the vaso-motor system, and by that means causing capillary spasm with bloodlessness of the parts supplied."

Among explanations that don't explain, this is eminently deserving of record, in the opinion of the reviewer; and not particularly clarified by the further statement that "the brain is a unit and not an aggregation of separate organs."

Dr. H. R. Schetterly of Ann Arbor and Dr. Ezra Stetson of Galesburg were members of "The Alphadelphia Association," the former being the controlling spirit thereof. It was organized at Bellevue, Eaton County, January 3, 1844, and was based upon the teachings of Charles Fourier. He (Schetterly) was a man of talent and an enthusiast and "soon won his way into the confidence, the homes, and the hearts of the old pioneers of Comstock."

He had "Burr-like persuasiveness" and pictured "a life of Arcadian healthfulness and enjoyment; of Spartan fidelity and frugality; a life in whose calendar the selfish '*mine*' and '*thine*' would not exist for all would be absorbed in the more humane and harmonious 'ours.' "[19]

It was, in a word, communism as to property and cooperation in effort for the general weal, but the account from which the foregoing is extracted continues: "Viewing the matter in the sober, calm reflection of today, we would as soon think of trying to cheat old Professor Playfair by inserting passages of a 'Fourth of July oration' into the demonstration of a proposition of Euclid as that this little black-haired German Socialist should make Fourierites of such sturdy old pioneers as . . . Dr. Ezra Stetson . . . and scores of other early settlers," but "their common hardships and suffering . . . their condition and surroundings were such as to foster a feeling of brotherhood" and "the Fourierite came among them just at the right time."

The object was not attained to

> "Ring out the feud of rich and poor
> Ring in the good of all mankind."

but *au contraire* the Association went "hay-wire" four years later, after passing through what the "patriarchal Abraham of the brotherhood" "Uncle" Lyman Tubbs, called a "cri-pus" and living "a good while on buckwheat cakes."

It is not a little gratifying to know that there was "sober, calm reflection" thirty-nine years ago when the aforementioned history was printed. We've since changed all that.

Dr. Stetson, who was in practice in Comstock from 1837 to 1857, is not only the best remembered, but he was among the best of the pioneer physicians of this township. He was a graduate of the noted old Fairfield Medical College of Herkimer County, New York; was elected to the State Legislature from this place; was supervisor of Comstock and an active, influential citizen. He removed to Bureau County, Illinois, in 1857, where he became a farmer and stock-raiser, giving much attention to the Percheron breed of horses. "He was, I think, the first to introduce that stock of horses in Illinois, going to Europe himself for them. He is now [1880] a wealthy man."[19]

The Alphadelphians had for a time an organ, the *Alphadelphic Tocsin*, published in Ann Arbor.[26]

Dr. Milton Palm, of East Lansing; Western Reserve University School of Medicine Cleveland, 1882; died, August 10, 1928, at the Edward W. Sparrow Hospital, Lansing, aged 79 years.[27]

Dr. Delbert E. Robinson of Jackson; University of Michigan Medical School, Ann Arbor, 1878; Medical Department of the University of the City of New York, 1881; on the staffs of the W. A. Foote Memorial Hospital and the Mercy Hospital; died, December 23, 1928, of thrombophlebitis and rectal abscess, aged 75 years.[27]

Dr. Charles H. Rodi of Pasadena, California; University of Michigan Medical School, Ann Arbor, 1882; formerly a practitioner in Michigan; died, November 14, 1928, of arteriosclerosis, aged 69 years.[27]

Dr. Rodi was for a time connected with the Pontiac State Hospital. He was competent and likable.

Dr. Francis J. Fralick of Greenville; Kentucky School of Medicine, Louisville, 1894; member of the Radiological Society of North America; died, December 8, 1928, of uremia, aged 61 years.[27]

Dr. Van Horn and Early Medical Practice†

Dr. Abram L. Van Horn, now 82 years of age, still has a large practice in and about Otsego, Michigan. His colleagues value his opinion highly, as one of them said, "he seems to have an uncanny understanding of human nature." He has always been a keen observer and he has had a rich experience in country practice. He has always been sociable and has made and kept up acquaintance with other men of his profession, especially younger men. He has the reputation of having an unusually retentive memory and of being able to bring the knowledge gleaned from his wide associations and rich experience to bear on the case in hand so as to make good quick decisions. He does not consider himself infallible and often calls in consultants.

His pleasing personality and his activity in getting quickly to his patients, both rich and poor, have won for him a reputation for sincere interest in the welfare of the sick.

His unusual activity has shown itself from his first days in the practice of medicine up until the present time. At the time of the influenza epidemic, during the last war, when he was 72 years of age, he took care of 800 cases of influenza and lost two of them.

He was born in the year 1845 at Waterloo, Jackson County, Michigan.

His schooling, like that of most country folk of the time, was limited to about three months in the winter. He had some high school work but did not finish high school.

He was married when 22 years of age, after he had started to study medicine but before he went to the University. Mrs. Van Horn said that as a girl she always thought it would be glorious to marry a doctor but after her marriage she could not see the glory in it. It was hard as a young wife to have him away at all hours of the day and night, especially during the lean years of early practice; later she became accustomed to it and enjoyed many pleasant times with the warm friends they made in the country side.

Since he has become established in practice Dr. Van Horn has always been interested in helping the young man get started in the practice of medicine and has had thirteen start under him.

I wrote to Dr. Van Horn asking him if I could come to his office and interview him about the early history of medicine in Michigan. He not only allowed me the privilege of an interview, but with delightful courtesy, presented himself one day at my office, offering to talk with me there. He was very pleasant, with a sense of humor and a twinkle in his eye. He seemed somewhat amused at the idea of giving his history but soon became interested in his reminiscences.

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†An interview by Miss Jessie Ostrander, Kalamazoo, Michigan, in compliance with a request.

He was interested in doctoring even when a child. He was a healthy boy and seldom required medical attention but when the doctor came to treat others in his household Dr. Van Horn would watch him eagerly and play making up powders with flour and pieces of newspaper after he had left.

Before he had finished his high school days he had made up his mind to study medicine. The requirements for entrance into the study of medicine were quite different then than they are today. One used to start in "reading medicine" as one used to "read law." He started in reading the "United States Dispensatory" in 1865. Next he was for two years an apprentice in the office of Dr. Raymond at Grass Lake and while there it was part of his duty to furnish the vaccine for his employer, that is, his employer took him around to see his patients and vaccinated them from the apprentice's own vaccination.

In the fall of 1866 he entered the University of Michigan. Dr. E. O. Haven was then president of the University, being the successor of Dr. Tappan, the first president. Dr. Douglas was registrar at the University and it was his duty to examine the applicants. When Dr. Van Horn came before him for examination he was asked "Can you read a prescription?" The candidate answered in the affirmative and he was allowed to enter the school.

The school work consisted of two terms and the students were classed as juniors and seniors. The school was crowded in proportion to the facilities for teaching and the juniors and seniors attended lectures together in many cases. There were not many recitation sections. The lectures in surgery were given by Dr. Moses Gunn, the lectures in anatomy by Dr. Corydon L. Ford. The other courses of study were materia medica, chemistry, obstetrics, and practice. The classes were divided into sections for examination. There was a laboratory but it was so crowded that not all of the students could take the laboratory course. There were no microscopes or other pieces of apparatus that we would now consider essential to a laboratory. There was no hospital.

After two years of study at the University Medical School, Dr. Van Horn graduated in the year 1868, and took up the practice of medicine.

He started in with Dr. Root in Ingham County but thought the patients looked on him as only the doctor's boy, so he soon left and started practice for himself.

Of the very first attempts at practice Dr. Van Horn says, "Yes, we had our starvation days trying to keep the wolf from the door at first and we tried two or three towns." One of his colleagues explains his early moves by saying that he was even more active in his twenties than in his seventies and that he was too impatient to wait for a practice. If patients didn't come in fast enough to keep him busy he would move on. After two or three moves he settled at the cross-roads, Dowling, Barry County. There he had a whole county on which to expend his restless energy. This district was thickly settled with a fine class of farmers. Dr. and Mrs. Van Horn had many pleasant times during the seventeen years they lived there.

At that time there were no tablets, no pills, and no fluid extracts. The physician had to steep his own extracts and put up his own medicine. Parke Davis and Company were just starting in business. The fever thermometer was not made until a number of years later. A high temperature was judged by the temperature sense of the skin. Doctors did not yet know about bathing as a method of reducing high temperature. In cases of fever they gave quinine, sometimes as many as 20 grains. There were no hypodermics. Morphine or opium, when given and could not be retained, was rubbed into a scratched surface of the skin. There were no nurses. This need was supplied by neighbor women who came in to help the doctor when anyone was sick. The stethoscope that was used at that time was a little wooden box with a drum in it, and most doctors, like Dr. Van Horn, preferred to use the ear, placing it directly on the patient's chest.

He told me with a smile how, when he first started in practice, he felt very confident about treating diphtheria because he had studied this disease thoroughly in school and had learned the treatment that was then being used, namely the administration of chlorate of potash and tincture of iron-quinine. He was happy when called on his first diphtheria case because it would give him an opportunity to display his skill and demonstrate the latest treatment which he had learned so well. There were seven in the patient's family and the whole family died of diphtheria under his treatment. This disease was not at that time considered to be a contagious disease and there were public funerals for the patients who died. The disease was virulent in the epidemics of that time. He visited one family in the morning and told them he would return in the afternoon. During his morning visit he had seen a boy of 14, who showed no signs of sickness; when he returned after a few hours this boy was dead. In spite of the large number of deaths which he reports in his own practice, he says he had just as good luck as any of the physicians practicing at that time.

Typhoid fever was a prevalent disease in those days. He has had thirty-two patients sick with typhoid fever at one time, and seven in one family. Many of his patients recovered from this disease, and he earned quite a reputation for treating typhoid fever. The treatment for typhoid fever at that time was turpentine emulsion.

It was very hard to get the people to believe in the efficacy of sanitary measures. He insisted that one family close up the well, to which source he traced their infections, and get their water from a more distant well. This made them very angry with him.

The technique for handling obstetrical cases was very crude. Dr. Van

Horn's predecessor in this district would frequently have to stay at the patient's house for four or five days in cases of confinement. The neighbors used to act as nurses in helping these patients. The use of forceps was very new, and Dr. Van Horn was the first one to use them in this district. The first time he attempted to use them the other folks in the house objected and ran out of the house feeling sure that the mother would be killed. The delivery, however, was successful and those who had objected became his supporters in this new method.

Aseptic methods of delivery were not then in use and, considering the dirt of some delivery beds, the lack of septic troubles was remarkable. Dr. Van Horn says that in later years he has had women delivered under modern aseptic methods, by an obstetrician with the aid of a trained nurse, and had more septic trouble than in the early days. He explains this by saying that those people who lived constantly in the dirt of their own environment became immune to the diseases which were disseminated by it.

People died of ruptured appendices much more frequently then than now. The treatment for appendicitis then was to clean the bowels, then lock them up with opium and reduce the patient's diet to milk. Sometimes this treatment would be continued for fourteen days. Dr. Van Horn was the first physician in the district to recommend an operation for appendicitis. This was thirty years ago and he called in Dr. McNair from Kalamazoo to do the operation. When people in the community heard about it they were very much incensed and if the operation had not been successful the doctor doubts if he would have been able to stay in the community. The patient, however, made a good recovery, and so surgical treatment was accepted by the community.

There were many local remedies among the country folk that had to be discountenanced, for instance, one of the superstitions was that if the skin of a freshly killed black cat was placed over the abdomen the patient would recover from an attack of appendicitis. One country family insisted to the doctor that if a drink was made by boiling up the bark of a peach tree when that bark had been peeled *down*, the patient would have a bowel movement, but if a similar remedy was made when the bark had been peeled *up*, the patient would vomit.

In the days when Dr. Van Horn started his practice a boy on a horse furnished the most rapid means of transportation. At first he used to make his calls on horseback, but soon changed to horse and buggy. He kept seven or eight fast horses and it was his boast that he could always reach his patient before the return of the messenger that brought his call. This prompt service gave him the reputation of being a hustler and endeared him to his patients. Sometimes it was very difficult to get to the patient's residence. He can remember driving to within one mile of a house, but not being able to drive through the woods to the house. He had to hitch his horse and walk through the woods, and in doing so he came to a pond. The man who had sent for him offered to carry him on his back through the pond, but the doctor refused and waded the pond. Sometimes he would get stuck in the snow, and he has been carried on an ox-sled to visit his patient. There were times when he was asked to treat the stock. Often the farmers would see him going by and call to him to come in and visit the sick. He says he has extracted many teeth, sometimes having a patient sit down by the side of the road while he extracted a tooth. At one time he met a man on the road who wanted cough syrup. He took an empty bottle from his valise, went to a nearby sugar-bush, partly filled the bottle with sap, added some soothing medicine for the throat and gave the patient this bottle of "cough syrup."

Night work was taken as a matter of course, he even said he liked it. There were no specialists in those days. The country doctor had charge of all the medical work in the community. Patients would have the same doctor all through life and they were very loyal patients. For a long time he was the only physician in a district about ten miles one way and thirteen miles the other. For three years he never met another doctor. All of the profession were poor in those days and they were willing to help each other, there was no fee splitting then; the patients were also more loyal to their doctor. In the heart of the patient the doctor came almost ahead of the preacher.

INTERVIEW WITH DR. McNAIR[†]

Dr. McNair tells me that he remembers the operation referred to by Dr. Van Horn. There were two perforations of the intestine also for which operations were necessary, but the patient recovered and is working today as street car motorman.

There was a lot of surgery being taught when Dr. McNair studied medicine but aseptic surgery was just beginning to be used. "Laudable pus" was a term that was going out of use—it marked the "old timer" of that day. Now the term is coming into use again. Edmund Andrews of the University of Michigan published the first journal of Medicine and Surgery in this state. He spoke of the antiseptic surgery that preceded aseptic surgery and the difficulties that came from acid burns from the antiseptic sprays.

Dr. McNair pays great tribute to the skill of the old surgeons. He says that modern surgeons do not do amputations as well as the older surgeons, largely because they are not done so frequently and partly because, the patient nowadays being under an anesthetic, there is time to fuss around with small knives. He tells of inviting a number of physicians in to observe an amputation on a patient of his. Among the guests was an old time surgeon whom he had had scrub up. He also had the old big knife prepared and ready. When the time came to begin he handed the big knife to the old surgeon. A wave of pleasure spread over his face as he stepped up and made the incisions. When it came time to put the lips together they fitted exactly and the younger witnesses were amazed at the accuracy of the old doctor's technique.

[†] Written by Miss Jessie Ostrander of Kalamazoo.

He can remember that his father used to bleed people quite frequently for high blood pressure. He showed me a kind of instrument used for the purpose. It is a little knife on a hammer with a trigger to release it. He says that bleeding may still be used to advantage in some cases of high blood pressure. He has just read in a recent British medical journal of the use of the seton at the present time.

Dr. McNair can remember when anesthetics were considered very dangerous. When he first practiced in Kalamazoo the leading physicians refused to operate on a certain patient because they feared he could not stand the anesthetic. He believes now that the patient would have been able to stand the anesthetic and that the operation would have saved his life.

* * * * *

That the life of the physician in 1856 was not "all work and no play," is evidenced in the wording of a ticket issued for an excursion on the steamer *Western World*:

> M. D.'S Excursion, May 7, 1856
> Steamboat Excursion,
> Steamer Western World,
> J. H. Barker,
> Commander.
>
> You are respectfully invited to attend a steamboat excursion on Wednesday afternoon next at 4 o'clock from the M. C. R. R. dock foot of Third Street.
>
> Committee of Arrangements
> Dr. Zina Pitcher Dr. Moses Gunn
> Dr. G. B. Russell Dr. A. L. Leland
> Dr. Morse Stewart Dr. Peter Klein
> Detroit, May 5, 1856. Dr. J. A. Brown

Dr. W. H. Ellsworth came from Berkshire, Vermont, to Greenville in 1855, and early engaged in the pursuit of his profession, having for competitors Drs. Sprague, Richardson, Chamberlain, and Slawson. He was at once successful in obtaining a large practice, to which he devoted himself until failing health induced him, in 1863, to repair to the South. On his return the following year he suffered from an accident, which occasioned his death in February, 1864.[17]

Dr. Stephen Mathews Bayard began the study of medicine in Detroit in 1841. In 1853 he began practice in Ionia County and was still active in the profession in 1881.[17]

Dr. Wilbur Fisher came to Saranac in 1855; Dr. Pomeroy the same year; Dr. H. H. Power in 1856. The latter was still in practice there in 1881.[17]

Among the early physicians in Lyons, Ionia County, were Drs. Daniel Kelley, 1850; D. C. Spalding, 1858; B. M. Hutchinson, 1867; William W. Hugg, 1850; Gilbert, 1856, and W. Wilson, 1857.[17]

Dr. Baird was practicing in Smyrna, Ionia County, in 1856 and Dr. C. W. Dolley in the following year.[17]

Dr. Kilpatrick was an early resident of Odessa.[17]

Dr. Israel B. Richardson moved from Ionia to Montcalm County in 1852. Dr. H. E. Skinner was in practice in Greenville from 1851 to 1853.

Dr. Comfort Slawson came to Greenville in 1853 and Dr. W. H. Ellsworth in 1855.

Dr. J. B. Drummond was an early physician in Greenville. He died in 1876. Dr. E. Rogers practiced there from 1864 to 1872.

Dr. C. M. Martin, a graduate from Bellevue, came there in 1864. Dr. H. L. Bowers, Albany Medical, in 1865; Dr. John Avery in 1867; Dr. C. F. Morgan, a graduate from Yale, in 1868; Dr. James Mulhern in 1871.

Dr. O. E. Herrick (Albany Medical College, 1870) removed in 1879 to Grand Rapids. Dr. Alva W. Nichols (Bellevue, 1874) came to Greenville that year. Dr. C. S. Sheldon (Buffalo Medical College, 1867, and Physicians and Surgeons, New York, 1868) came to Greenville in 1872, and Dr. L. B. Lester, a graduate from Geneva, New York, in 1868.[17]

Early physicians of the homeopathic school in Greenville were Drs. E. Fish (1853) and T. M. Benedict (1873), and of the eclectic, L. A. Chaffee (1871) and S. C. Lacey (1879).[17]

Dr. Joshua Tennant "grew to manhood on the home farm" in Lanark, Canada. At eighteen he taught school. In 1872 he was graduated from the medical department, University of Michigan, and opened an office in DeWitt, Clinton County, but "we find him [in the fall of that year] hanging out his shingle" in the village of Carson City where in 1881 he had "an extensive and increasing practice," and was the "owner of one of the fine homes of Montcalm County." A view of Dr. Tennant's home appears in the History of Ionia and Montcalm Counties.

"Dr. Daniel Snook, now of Coral, was the first resident physician," of Pierson, Montcalm County (1862). Dr. H. F. Kilborn came there in 1869 and "Drs. D. Everett, H. S. Holden and Col [*sic*] D. Johnson followed."

Thus the text in History of Ionia and Montcalm Counties. Can it be possible that there was another physician than the reviewer in Michigan handicapped by the first name "Colonel"?

Dr. W. F. Knapp, born in Raisinville in 1855, was graduated in medicine at the University of Michigan in 1878. He assisted Dr. Southworth of Monroe for a time, then located in LaSalle, and later returned to Monroe. He "is, in short, a good citizen, public-spirited and very enterprising, ever on the side of right and justice."[23]

Dr. George W. Richardson, born in New York State in 1856, made his way to Omaha in his seventeenth year and worked on a ranch on the Elkhorn River; was graduated from the Omaha High School in 1875; studied medicine at Wooster, Cleveland, and was graduated in 1878 from the University of Buffalo; had a post-graduate course at the University College of Medicine, New York. "He did not receive a dollar of assistance from outside sources—all came from his own earnings."

He located in Dundee in 1880 and in 1890 had a "lucrative practice" and a "handsome residence."[23]

The father of Dr. D. Dawe, an English minister, was "overly anxious that he should be educated for the ministry," but "whenever an opportunity offered itself, he would escape from school and after a walk of twenty miles would reach home wearied and a little afraid to meet the stern countenance of his disappointed father."

In 1879 and again in 1882 he came to this country. In 1889 he was graduated from the homeopathic department, University of Michigan, and from the "Hahnemannian Society" the same year.[23]

He was a partner of "Dr. A. I. Sawyer, president of the National Institute of Homeopathy, who has a very extensive and lucrative practice in the beautiful city of Monroe, Michigan."

Dr. George Francis Heath (1850–) born in Warsaw, New York, was graduated from the University of Michigan in 1881 and was for three years resident physician of the University Hospital. He resigned in 1884, located in Monroe, and succeeded to the practice of Dr. C. T. Southworth, (Sr.).[23]

Dr. Ezra Walling, born in Otsego County, New York, in 1824, educated at Delhi Academy and Long Island College Hospital, came to Plainfield, Michigan, in 1856 "and did the whole range of practice there." In 1881 he came to Cooperville, where he took "a leading part in surgical operations, having a natural aptitude for that branch of medicine."[24]

Dr. O. C. Williams graduated in medicine in New York in 1859. After a brief residence in Jackson he came to Muskegon in 1865.[24]

Dr. Charles H. A. Stewart, born in Canada in 1843, a graduate from Toronto, came to Ravenna, Muskegon County, in 1875.[24]

Dr. J. J. Austin, born in Onondaga County, New York, in 1843 was "graduated at the medical college" in 1872 and settled in Cooperville the following year.[24]

Dr. Edmund Bachman, born in Michigan in 1849, was clerk in a drug store in Texas in 1863. Three years later he made his way back from San Antonio to Kansas City on horseback, crossing many miles of wild country in the then Indian Territory. He was in the drug business for three years in Davisburg and after 1868 studied medicine at Rush and Detroit Medical Colleges. He removed from Wayne County to Fenton in 1883.[38]

Dr. Paul Sue, related to the celebrated author Eugene Sue, was born in New Jersey in 1837. He lived for fourteen years in France, returning in 1853 to America; was graduated at Detroit Medical College in 1869, and located in Fenton.[38]

"To say that a man is a successful physician is therefore high praise although it may be no more than the person referred to merits." Thus the preface to a biographic sketch of Dr. John A. Handy of Watrousville, Tuscola County, "a potent factor in the medical affairs of the County . . . and taking a prominent part in society matters connected with his profession," although "taking little interest in public affairs."

He was born in 1858, educated in district and High School, and in the Detroit College of Medicine (1887).[38]

His mother was living in 1892 "at the ripe age of more than seventy years." "Ripe" should be relegated to the nuisance adjective class, if there is one.

Dr. D. C. Howell, University of Michigan medical department 1881, removed from Flint to East Tawas, then in 1902 to Onaway, Presque Isle County. For a number of years he was chief surgeon of the Detroit and Mackinac Railroad.[1]

Dr. Roderick C. Hepburn, Detroit Medical College 1873, located in May 1874 in Evart.[1]

Dr. E. E. McKnight, medical department, University of Michigan 1894, located in Alpena in 1879.[1]

Dr. John B. Thielen, medical department University of Michigan 1879, located in Charlevoix in the same year (1879).[1]

Dr. Richard H. Wood, born in Flint in 1853, began practice in 1878 locating at Clio, then Montrose, eventually in Twining, Arenac County. He was for a year chief clerk in the department of public instruction, Lansing, one year superintendent of the State Industrial School. He was interested in agriculture, in swine and poultry breeding.[1]

Dr. Stanley N. Insley, a graduate of Trinity College, Toronto, came to Grayling in 1895. He has been local health officer, president of Omcoro Medical Society and surgeon for the local division Michigan Central Railroad.[1]

Dr. Louis L. Kelly, born in Vermont in 1848, was graduated in 1875 from the medical department, University of Michigan. Soon after he located at Farwell and "is to be considered one of the pioneer physicians and surgeons of the county [Clare]."

He is a large landholder and has devoted attention to raising of cattle, sheep and Angora goats. He has held various offices, among them that of president of the village of Farwell.[1]

Dr. John McLurg (1857-1923), Bay City, a graduate from Trinity College in 1886 with "highest honors of his class," gold medallist and winner of scholarship, was a "successful physician and equally successful business man."[28]

Dr. S. A. Snow of North Branch, of the type made famous by the character of Dr. McClure, was the recipient of a complimentary dinner in 1922 after about fifty years' practice. "While he had only one child in his family he brought up twenty-six boys in his community, some of whom are lawyers and a few became doctors. He had a mind as subtle as any lawyer . . . would have been a Choate," had he studied law. "He had a command of satire and irony that could put to shame the most powerful hypocrite and it was more penetrating because it was always given with a smile." After graduating from the University of Michigan, he was physician for an Indian reservation and had many talks with Sitting Bull, who "chuckled over the way he had led General Custer into ambush."

"His judgment was uncanny, but I learned it was unerring," writes his biographer.[28]

Dr. Henry A. Bishop of Millington; University of Buffalo (N. Y.) School of Medicine, 1873; member of the Michigan State Medical Society; died, April 10, 1928, at the Caro (Mich.) Community Hospital, of pneumonia, aged 78 years.[27]

Dr. A. G. Graybiel, Caledonia (1857–1927), was of the "fast disappearing type, the family doctor."[28]

Dr. William Richardson, Carson City (1845–1923), possessed to a very large degree the attributes of what is now known as the "family" physician "The typical family doctor not only possessed ability, but in addition was distinctly human. He was not only honest with his patients, but honest with himself.—Such a physician was Dr. Richardson."[28]

Dr. M. C. Sinclair, whose death occurred in 1916, "was one of the stalwarts in the history of Grand Rapids for forty years."[28]

Dr. P. S. Root, for many years a member of the State Society, died at his home in Monroe, Michigan, June 6, 1919. Death was due to a stroke of apoplexy.

Dr. Root was born at Vernon, New York, April 26, 1856. He was a graduate of the University of Michigan of the class of 1881, since which time he has been located at Monroe, Michigan.[28]

High praise has been bestowed upon the late Dr. Jabez Perkins of Owosso, by his fellow practitioners—notably by Dr. A. M. Hume, his sometime partner—for his medical skill and ideals, his tolerant attitude toward others in the profession, his fortitude during years of invalidism and suffering, the result of exposure during service in the Civil War, and to his human traits and devotion to patients. One of the latter gave to this writer characteristic incidents of attentions which are elsewhere recorded. (*See* "Military Service of Michigan Physicians.")

Concerning his relations with confrères and helpfulness to younger practitioners, Dr. J. D. Bruce has paid a glowing tribute, which is reproduced as nearly as possible in his own words.

"No one could have been kinder than was Dr. Perkins to me when as a recent graduate I began practice in New Lothrop, Shiawassee County. This locality had been one of his fields of activity. He was employed and universally respected for miles 'round. On an occasion there came to me an emergency call from one who wanted medicine for the heart which he had been in the habit of prescribing. I visited and examined her, found no heart disease and so advised her, made a prescription and departed. Naturally, under the circumstances, not satisfied with my diagnosis, the family on a subsequent day called Dr. Perkins in consultation with myself. 'I understand you found no disease of the heart in this case,' said Dr. Perkins, a trifle sternly, to which I replied that this was true. 'Examine her now,' said the doctor. This I did, found nothing and so reported. Unconvinced, he insisted 'Examine again,' which command I followed with identical result. Whereupon he made careful examination, turned to me and made the admission. 'You are right. There's no disease. I have been sending her medicine in consequence of a diagnosis made long ago and without examining in the interval. I want you to believe that there was disease at that time.' Then to the patient he advised, 'Continue with Dr. Bruce. He will take good care of you.' Thereafter he frequently referred patients to me and was always my friend. I hold him in most affectionate remembrance."

Early Physicians of St. Clair County

Of early physicians in St. Clair County other than those mentioned in Chapter VII Dr. C. B. Stockwell formerly of Port Huron, has written painstakingly and fully. Considerations of economy have necessitated abbreviation here and there.

The second medical man to settle in Memphis was Dr. Daniel H. Cole, who came to Memphis in 1853 and succeeded to Dr. Jeremiah Sabin's practice in 1854. Dr. Cole came to Michigan, settling in Detroit for a time, in 1845. For six years he alternately taught school and studied medicine, putting in part of his time "compounding prescriptions in a drug store." In Detroit he accumulated enough money to pay the expenses of a medical course at the University of Michigan, from which he graduated in 1852.

Dr. Cole's medical work in Memphis covered fifty-one years. Next to Dr. L. B. Parker, of Marine City, his medical record is the longest of any physician who has lived in St. Clair county. He was always interested in the welfare of the schools and the support of the churches. He died in 1904.

Among the pioneer physicians who settled in St. Clair city was one who, though coming later than Dr. Harmon Chamberlain, should be classed with him on account of the marked impress which each left on things civic as well as medical. Dr. George L. Cornell was an important factor in the city's life.

Dr. Cornell was a large man both mentally and physically. He is said to have been six feet five inches tall and to have weighed 240 pounds. His early days were spent in Michigan, near Jackson. He obtained a good academic education and then turned to the study of medicine, which he pursued in the office of his father, a physician, and afterward in the office of Dr. Moses Gunn. He graduated in medicine from the University of Michigan in 1852. In 1854 he settled at St. Clair and continued there almost uninterruptedly until his death in 1877.

Dr. Cornell was commissioned assistant surgeon of the First Regiment of Michigan sharp shooters during the War of the Rebellion and served until compelled to resign on account of illness. He was several times elected mayor of his city and for over twenty years served as a member of the school board. He was skillful as a surgeon and self-reliant as a physician. As a man of affairs, he showed a judicial spirit, and was "active in promoting the interests of his city, county and state." Withal, he had a sense of humor which is a "saving grace" to a successful practitioner.

One son is a physician in Lewistown, Michigan, Dr. Geo. L. Cornell. A daughter, Pearl, married Dr. H. W. Knaff of Johannesburg, Michigan; another, Feodora, married Dr. R. B. Baird of Marine City, Michigan.

About 1855 Dr. Reuben Crowell came from Peoria, Illinois, and settled at Port Huron to engage in the work of his profession. After practicing two or three years he entered into a copartnership with Edgar White to deal in drugs, under the firm name of "White and Crowell." On the first day of the Civil War he moved to Ann Arbor.

Dr. George B. Willson was perhaps the brightest man in medicine and allied sciences which the county has ever known. Unfortunately, he was a victim of the "white plague" and died at the early age of thirty-two years.

Coming from Canada in 1850 to Port Huron, Dr. Willson studied medicine with Dr. Zeh, his preceptor looking upon him as a man of great promise. He showed the greatest enthusiasm in pursuing the science of medicine, also philosophy and geology. He graduated in medicine at the University of Michigan in 1857, and his thesis, submitted at the time of his graduation, was quoted by professors as authoritative for years afterward. Professor Winchell, of the University, world famous as a geologist, found in him a congenial spirit and spent days with him in the most enjoyable companionship.

Although Dr. Willson's life as a physician covered only four years outside of his one year's service as assistant surgeon in the Third Michigan Infantry during the Civil War, his work in surgery and medicine was especially brilliant. His mind seemed to work with lightning-like rapidity and his judgment to be unerring.

At a time when to deal surgically with the brain was supposed to invite death, he was called to see a man through whose forehead and into the center of whose brain had been driven the breech-pin, with its binding screw, of an exploded gun. With Dr. Willson there was no hesitancy as to what course to pursue. To his mind it was plain that where a missile had gone, and had not killed, he could go.

He enlarged the opening in the forehead (it being found necessary) and after removing considerable disorganized brain matter, succeeded with considerable difficulty in removing the foreign body. The man recovered and lived for many years afterward.

Dr. Willson's passionate quest for things undiscovered led him in this case, while dressing the wound, to make experiments touching the existence of tactile sensation in the brain—a condition which, as far as was then known, no anatomist or physiologist had attempted to demonstrate. Supposition and guesswork were never satisfying to him. To verify a diagnosis he used every means at his command. In one instance where he was called to see a dying man, he made a diagnosis of cancer of the stomach, which diagnosis was at variance with that of a fellow practitioner. Wishing to verify the existing conditions he asked the privilege of making an examination of the stomach after death. The relatives promised, but when death had taken place the promise was withdrawn. Not to be thwarted, he, accompanied by a medical student, went in the middle of the night following the day of the funeral, to the cemetery, which was located in an outlying, lonely place. There, after removing the dirt down to the coffin and removing the lid, he proceeded, by the light of a dark lantern, to make an autopsy. He verified his diagnosis, finding a cancer of the stomach; then, replacing the lid of the coffin and covering in the earth, he departed, just before dawn, satisfied and paid for all the risks he had run. His spirit, burning and unquenchable, led him to spend night after night, till dawn, in study. His physical strength was unequal to the strain, so in a brief time it gave way.

Dr. Willson was looked upon by all who knew him as a genius. What luster he would have cast upon the medical profession of the county could he but have lived out the ordinary span of life, must be left to conjecture only.

Dr. Frederick Finster was probably the first homeopathic physician to practice in St. Clair county. He was a German, having been born in Bavaria. When he was six years old, his father emigrated with his family to America that his sons, as they grew up, might evade compulsory service in the German Army. The family settled on a farm near Windsor, Ontario, but in a short time the father died. A little later the boy was taken into the family of Mr. Remington, living in Detroit, who aided him in getting a common school education. Subsequently Dr. E. R. Ellis, then living in New York City, inspired the young man with a desire to study medicine, and generously furnished him the means to attend a course of lectures at the medical school of the University of Michigan in 1853 and 1854, and later a course at the Homeopathic Medical College at Cleveland, Ohio (1854-1855), where he graduated in the latter year. The loan for pursuing the study of medicine was afterwards repaid in full.

Prior to attending the above medical schools, Dr. Finster had studied medicine in the office of Drs. John Ellis and S. B. Thayer in Detroit. In 1855 he formed a co-partnership with Dr. E. H. Drake, of Detroit, with whom he was associated for two years. In 1857 he came to Port Huron, where he practiced medicine for the rest of his life. He died in 1885.

Dr. Finster was a man of slight build. An air of gentleness and quietness always seemed to surround him. He was endeared to his patients and well he should have been, for the charges for his medical services were so small that they amounted largely to gratuities. He believed in giving freely to others of his life and talents, but the resulting gain to his patients meant an uncalled-for sacrifice on his part, for it was attended with a lack of provision for his own later days and the future welfare and comfort of his family. His loving generous spirit blurred that foresight which looks out for the future, yet perhaps his ways were wiser in the onward march toward "ultimate good."

Although Dr. Finster embraced the "minute dose" system of practice in medicine, he did not hesitate to use the so-called "heroic" doses when occasion required. An incident will illustrate: A gentleman suffering from malarial poisoning met an "old school" physician on the street and asked what he would advise him to do. The physician's answer was, "Take two three-grain pills of quinine three times a day." Later, meeting Dr. Finster, the apostle of small doses, he wished his opinion. He advised, "Take two three-grain pills of quinine three times a day."

Although Dr. Finster belonged to a school of medicine looked upon at that time with disfavor by the large majority of physicians, he was highly respected by all his confrères.

Conspicuous among the active and able physicians and surgeons of St. Clair county is Dr. John H. Dancey, a man of keen intelligence and high mental attainments, successful in the practice of his profession in the village of Capac from 1896 to ———. Born at Aylmer, Ontario, Canada, April 15, 1873, of Irish stock, he was a descendant of Dr. Edward Dancey, founder of the Dancey family in America. He received preliminary education at Aylmer Preparatory School, Aylmer Collegiate Institute, and later matriculated in arts at the University of Toronto. He entered Trinity Medical College in 1892 from which he was graduated in 1896.

Dr. Myron Northrup, for over thirty years an active and prominent physician of Port Huron, was born in Schuyler County, New York, January 29, 1836. He was reared in Schuyler County, and in the schools of the neighborhood received his literary education, which was completed at Hobart College, Geneva, New York. In 1859 he received the degree of Doctor of Medicine from Syracuse University and had begun the practice of medicine in Canada when the Civil War came on. As an assistant surgeon of the Army of the Cumberland, he served in the hospital at Nashville, Tennessee. Upon his return from the war Dr. Northup located at Lexington, Michigan, where for seven years he practiced his profession. In 1871 the family came to Port Huron, where Dr. Northup was soon numbered among the prominent and successful physicians and surgeons of the city. He was a member of the County and State Medical Societies and of the American Medical Association, and for ten years was supreme medical examiner for the Knights of the Maccabees. Dr. Northup was a Master Mason. He was one of the first trustees of the Port Huron Hospital and Home and one of the earliest advocates of a good public library. He served as city health officer for many years, in which capacity he did excellent work for the betterment of conditions coming within his jurisdiction. His last official position was that of marine surgeon for the district of Port Huron. Dr. Northup was one of Port Huron's most esteemed citizens, and is still held in fond memory by a large number of people who were privileged to know him. He died March 15, 1904.

Dr. Lancelot M. Ardiel for many years was a resident of St. Clair County, and successfully practiced his profession at the town of Avoca, having graduated with the degree of M.D. at Western University, London, Ontario, in 1891. He was born in Ontario, Canada, November 30, 1867, and attended the provincial schools prior to his entrance to Western University, from which institution he secured his medical diploma, in 1891.

Dr. William Lewis Schoals was born in Huron County, Ontario, Canada, September 27, 1854. Early in life he sought to fit himself for the medical profession. He graduated from the University of Michigan at Ann Arbor, March 27, 1878. His first location was in Young America, Indiana, where he remained until the year 1881. From there he moved to St. Clair City in St. Clair County and engaged in the practice of his profession, for a number of years, enjoying a large and lucrative clientele. He was a member of the St. Clair County Medical Society and likewise the Michigan State Medical Society. In both of these medical organizations he was highly regarded.

The history of St. Clair County is inseparably blended with that of Dr. George J. Ward, a man whose natural talents and manifold interests in everything pertaining to the welfare of his community was prominently recognized by all who came in contact with him. He was born in Burford, Brant County, Ontario, November 25, 1844. Rudimentary education was secured in the district schools and later he entered the University of Michigan in 1862, completing the course therein and graduating therefrom in 1865.

Dr. J. L. Chester was born March 27, 1868, at Leroy, Genesee County, New York. He was graduated from high school at the age of 18 years, after which he attended a normal school and prepared himself for the profession of teaching. For six years he was engaged in educational work. He studied medicine under a preceptor for two years and entered the Michigan College of Medicine, at Detroit, where he was a close student for two years, later completing his course at the Saginaw Medical College, from which he was graduated in 1900. In the same year he located at Emmett, where he built up a large practice. Later he moved to Detroit. While engaged largely in general practice he has earned for himself an enviable record in the care of diseases of the heart. Dr. Chester is still a very enthusiastic student and has taken post-graduate courses at the Polyclinic Medical College, Philadelphia, and at the Illinois Post-graduate Medical School.

He is a member of the St. Clair County Medical Society, the Michigan State Medical Society, the American Medical Association and the Clinical Congress of America.

Dr. Christopher McCue was born January 23, 1869, in Dereham township, Oxford County, Ontario, Canada. He graduated from the Woodstock High School and had a literary course at the Baptist College. Later he took up the study of medicine at Trinity College, Toronto, and had a post-graduate course in medicine and surgery at McGill University, in Montreal. In 1890 he began the practice of his profession in Kansas City, Missouri. Coming from there to St. Clair County, Michigan, in 1891, he has been actively and successfully engaged in his profession at Goodells.

He is a member of the St. Clair County Medical Society, of the Michigan State Medical Society and of the American Medical Association.

Dr. Brock E. Brush was born in Amherstberg, Canada, July 14, 1865. He was educated in the excellent Canadian schools of his locality and in early youth he entered the Detroit College of Medicine, where he secured professional training. He has since taken several post-graduate courses in New York, and London, England. He started the practice of his profession at Croswell, Michigan, and there remained eleven years. In 1907 he came to Port Huron, where he has built up a large practice. He does much work in the line of general surgery.

Dr. C. C. Clancy was born August 1, 1858, in the Province of Ontario, Canada. Endowed with literary tastes and scholarly ambitions, Dr. Clancy had a substantial education in the Canadian institutions of learning, having been a student in Chatham High School, together with three years in Assumption College. His medical studies were made at Queens University, Kingston, Ontario, from which institution he graduated in 1883. He selected Michigan as a place in which to settle permanently, and on May 1, 1883, located at Port Huron, in St. Clair County, where he has since been actively engaged in the practice of his profession, having through his ability and wisdom built up an extensive and lucrative patronage. He has served as a member of the local board, and also on the library board.

Dr. Clancy has been for a number of years the supreme medical examiner for the Catholic Mutual Benefit Association. He is a member of the St. Clair County Medical Society, having served as its president for a number of years. He has been a member of the State Medical Society since its organization and has served on its council. He served on the War Board of Examiners for the County of St. Clair during the war period, and was president of the Port Huron Hospital Board for many years.

Dr. William J. Duff was born in Allegheny City, Pennsylvania, August 17, 1856. In 1869, the family moved to Fort Gratiot, a little war village now known as the old Garrison, and a part of Port Huron. Dr. Duff attended the public school in Port Huron, the Ann Arbor High School and the University of Michigan, from which he was graduated with the degree of M.D. Since 1885, he has been engaged in a regular practice here. With the Thirty-third Michigan Volunteers, he went to Cuba during the Spanish-American War, and after a long and strenuous service returned to Port Huron much impaired in health. As an appreciation of his services the citizens of Port Huron presented him with a fifty-four diamond-studded gold medal, and in addition to this he was the possessor of a beautiful bronze medal presented to him by the National Guard for twenty-four years of faithful service; and one from the County of St. Clair. He has served as commander of the Spanish-American War Veterans at Port Huron, and as health officer for that city. One of his many valued possessions was the first flag that ever floated over old Fort Gratiot.

Dr. Thomas L. Stringer was a native of St. Catherines in Canada, born in the year 1865. He entered Toronto University, from which he was graduated in 1890, and located for practice in Algonac on March 17, 1894.

He was well and favorably known as a progressive member of the medical profession, and for some time was health officer of Algonac.

Dr. Elbert P. Tibbals was born in Norfolk, Connecticut, February 24, 1842. His grandfather was a drum major in the Colonial Army at Valley Forge. He received a good common school education and prepared for college in Norfolk Academy, entered Yale and studied there for one year before going to New York City. He graduated from the College of Physicians and Surgeons in 1864, and began practice in Millertown, New York.

In 1868 Dr. Tibbals bought a drug store in Port Huron.

Dr. Horace C. Mudge was born April 27, 1849, in Blenheim. Dr. Isaac Mudge, his father, was a soldier in the Union Army during the Civil War. He served in Company K, Third Michigan Infantry, as a surgeon. Four of his sons also saw service with him, one of them being Horace C., Jr. Horace later enlisted in Company C, Twenty-second Michigan, in 1864, and on the expiration of his term of service, he reenlisted in the Third Michigan Company K, serving from May 25, 1864, to May, 1866. He was severely wounded at Stone River, but recovered and completed the term of enlistment. He was prominent in Grand Army circles, sometime commander of Oscar Bartlett Post, No. 233, and post surgeon. He was medical director of the St. Clair County House for thirty-seven years.

Dr. Abner A. McKinnon was born September 21, 1871, at Manilla, Ontario. He was educated in the public and collegiate institutions of Toronto, and graduated in medicine from the University of Toronto in 1899. He located in Port Huron in October of the same year. He is a member of the St. Clair County Medical Society.

Dr. Charles B. Stockwell was born in Friendsville, Pennsylvania, March 5, 1851, and in the same year was brought to Port Huron, where he has since resided. His parents were Dr. Cyrus M. and Clarissa C. Stockwell. He attended the Port Huron public schools, and was one of the first graduates of the high school of that city. In 1873 he graduated from Olivet College, Michigan, and then for two years he taught in the Port Huron High School. In 1878 he graduated in medicine from Harvard Medical College and during the following year took a post-graduate course at the institution, and began the practice of medicine at Port Huron in partnership with his father. He has held many offices of honor and trust in the medical societies of the county and state, having served as president (three times) of the Northeastern District Medical Society; and in 1904 and 1905 was the Michigan delegate to the American Medical Association. In 1906 he was elected president of the Michigan State Medical Society.

Dr. Thomas Edward De Gurse was born at Corunna, Lambton County, Province of Ontario, on July 18, 1873. His primary school days were spent as a student in the schools of Corunna; from there he entered Assumption College at Sandwich, Ontario. In 1892 he began medical studies at the Detroit College of Medicine, graduating with honors in 1895. He then came to Marine City and there remained for three years. In 1898 he enlisted in the United States regular service and received the appointment of acting steward at the hospital in Porto Rico, where he remained until the date of discharge in February, 1899. Coming back to Marine City he re-engaged in practice.

Dr. De Gurse is a member of the St. Clair County Medical Society, of which he has been president, and the Michigan State Medical Society.

Dr. Robert Bruce Baird was born in East China, Michigan, May 31, 1856. His early education was in the country schools and later at the graded schools of Marine City and St. Clair. He then entered the Detroit College of Medicine in 1875 and graduated in 1878, after which he returned to Marine City. He is a member of the St. Clair County Medical Society.

Dr. William E. Burtless was born at Liberty, Michigan, June 22, 1841 His parents moved to Branch County, Michigan, when he was six years old. His mother died three years later and the sad and lonely little boy ran away from home. He enlisted for the Civil War in Company M of the Eleventh Michigan Cavalry. At the battle of Saltsville, West Virginia, he was wounded and made a prisoner, and was in the hospital at Libby Prison for three months. Upon his release he returned to his regiment at Louisville, Kentucky, and was made corporal. He remained with the regiment until July, 1865, when he was mustered out.

He returned to Michigan and attended school at Tecumseh. Later he was a student at Baptist College at Kalamazoo for a year. In the following year, 1871, he matriculated in the University of Michigan. Upon finishing his sophomore year in college his health failed and he was obliged to discontinue studies. He went to Auburn, Michigan, and opening a store, engaged for two years in mercantile and lumbering business. Returning to the University of Michigan he entered the medical department, and in 1878 received a well-earned degree. He practiced in Midland for five years, then came to St. Clair, in 1883, in the interest of the Oakland House Sanitarium as house physician.

He held membership in the County and District Medical Societies, the State Medical Society, and the American Medical Association.

Dr. William R. Yuill was born in Lanark County, Ontario, August 26, 1845. He prepared for teaching in the Normal School at Toronto, and for some years teaching was his principal occupation. In 1869 he entered the medical department of Victoria University at Yorksville, as Toronto was then called. In 1870 he helped in the reorganization of the medical department of Trinity University of Toronto, and attended there one session. This was followed by a general course in McGill University at Montreal. Going thence to Detroit, he practiced there for a time, and then entered Bellevue College. He next went abroad and spent two years of observation and study in the leading medical centers of Europe. On returning to America he entered Bellevue Hospital Medical College, where he graduated in 1877. He began his practice in Zanesville, Indiana, then located, in 1880, at Ovid, Clinton County, Michigan, where he practiced several years. In 1884 he moved to Sanilac County, from whence he came to Yale in 1886.

He had membership in the American Medical Association.

Dr. William H. Smith was born at Three Rivers, Michigan, May 9, 1846. As a boy he attended the district school of his locality and subsequently was a student in the public schools of Three Rivers. On February 10, 1864, he enlisted in Company B of the Twenty-sixth Infantry. In his service of over a year he saw much hard fighting and was in Grant's campaign from the Battle of the Wilderness to the surrender at Appomattox Court House. He was mustered out of service on June 4, 1865, at Alexandria, Virginia.

Upon the termination of the war he returned to Michigan and attended Kalamazoo College, where he was a B.A. graduate. He then entered the University of Michigan at Ann Arbor and graduated from there in 1879 with the degrees of M.A., Ph.D. and M.D. In 1880 he began practice in St. Clair City.

Dr. Talbert Sleneau was born in Oakville, Ontario, in 1845. In 1849 the family moved to Saginaw, Michigan, where he spent his youth. In 1862, Talbert enlisted in Company E of the Twenty-third Michigan Infantry as a private. He saw active service during the three critical years of the war. He spent about a month in a camp in Saginaw during 1862 and then his regiment was sent to the front in Louisville, being engaged in following the movements of the Confederate General Bragg. He was mustered out in 1865.

He entered the medical department of the University of Michigan, graduating in 1883. He began practice in Petoskey, going thence to Jackson, where he practiced for twenty years. He later came to Port Huron as medical examiner for the K. O. T. M.

Dr. Alfred B. House was born in England, September 2, 1835. He was educated in England, under a private tutor. In 1849, the family moved to America and he entered the University of Toronto, from the medical department of which institution he was graduated in 1861. His first practice was at Port Stanley, Canada, where he remained for two years. Then he came to Michigan, entered the University of Michigan at Ann Arbor, graduating in 1866. Coming to Memphis he built up a large practice and was actively engaged for over forty years, when he retired.

Dr. George Todd was born in Elgin County, Canada, May 25, 1838. He was educated in the common schools, and began the study of medicine in 1858 at Aylmer, Ontario. He entered the University of Michigan and was graduated from the medical department in 1865. He located in Jeddo. He was a member of the State Medical Society.

Dr. Oliver Stewart was born in Bothwell County, Province of Ontario, November 13, 1861. Two years later his parents moved to Rondeau, where they lived for eighteen years, and where he was educated in the public schools. He began medical study under the direction of Drs. Sampson and Van Velsor in Blenheim. ' After spending one year in the offices of these physicians he entered the old Detroit School of Medicine and completed the course in 1887. He then located in Port Huron.

Dr. H. Shoebotham was born in Canada in 1831. He grew up and received his education there, then studied medicine and graduated in Montreal, at McGill University, in 1857. The following year he located in Sarnia, and was engaged in the practice of medicine there for twelve years. In 1870, he came to Port Huron, and until the time of his death successfully practiced his profession. He held the office of city physician, and served as county physician while living in Canada.

Dr. C. E. Spencer was a native of Unadilla, Otsego County, New York, and was born September 30, 1849. He was educated in that state, studied medicine, had his first course at Ann Arbor and two courses at Bellevue Medical College, New York City, and was graduated from that institution in 1873. He came to Port Huron and engaged in the practice of medicine. He has held the position of sanitary inspector under the National Board of Health, and that of pension examiner. He has served as secretary and vice president of the County Medical Society, and was a member of the American Medical Association.

Dr. Jared Kibbee was born November 14, 1820. He came to Michigan in 1844 and located at Mt. Clemens. He studied medicine and graduated at the Cleveland Medical College, and engaged in practice at Mt. Clemens. Some time later he practiced dentistry in Port Huron.

Dr. A. Mitchell was born May 14, 1842, in Montgomery County, New York. He graduated from the medical department of the State University, at Ann Arbor, in 1872, practiced medicine for two years in Pennsylvania, then took a course in the Toronto School of Medicine, after which he came to Brockway Center.

Dr. James McGurk was born in Belfast, Ireland, in 1843; came with his parents to Canada in 1848, and located in Hamilton, where he remained until 1857. He received his medical education in Canada, Detroit, and Ann Arbor, Michigan, graduating in Detroit in 1870. He then came to Capac where he established himself in his profession.

Dr. Robert McGurk was born in Ontario, Canada, in 1854. In 1876 he came to Capac and began the study of medicine with his brother, James, who was then practicing here. In 1878 he graduated from Ann Arbor and immediately began the practice of his profession in Capac with Dr. James McGurk.

Dr. William Campbell was born June 30, 1814, in Scotland. He received his medical education there, and in 1881 came to Port Huron where he practiced until his death.

Dr. G. J. Parker was born April 23, 1823, in Trumbull County, Ohio. He received his education in that state and in Detroit, and graduated from the Cleveland Medical College. In 1849, he engaged in the practice of medicine in Lexington, Sanilac County, Michigan. In 1861 he came to Port Huron where he practiced for ten years, when he retired.

Dr. Samuel Pace was born in the Province of Ontario, Canada, April 29, 1835. After completing medical studies he came to Port Huron and began practice. In 1869 he was appointed by President Grant as United States Consul at Port Sarnia.

Dr. Peter W. Reed was born in Hastings County, Province of Ontario, Canada, September 21, 1827. His education was very limited but he made the most of what he could get. He settled near Terre Haute, Indiana, where he formed a medical co-partnership which continued for two years. He then returned to Canada. He prepared and circulated a petition to Parliament for the passage of a bill recognizing eclectic practice. The bill became a law, and an Eclectic Board was established at Toronto which granted licenses to practitioners of that school. In 1861 he came to Port Huron where he located in practice.

Dr. O. M. Stevenson was born in Aurora, Kane County, Illinois, July 20, 1851. He attended school there, had two courses of lectures at Ann Arbor, and one course in Chicago, graduating at the Chicago Homeopathic College in 1882. After graduating he located in Port Huron.

Dr. Asa L. Blanchard was born in Oakland County, Michigan, October 14, 1847. In 1874 he began the study of medicine and was graduated from the Michigan University at Ann Arbor in 1878. He first located in Midland City, Michigan, where he practiced two years. He then became medical director of the mineral springs at St. Clair.

Dr. A. J. Shockley was born June 22, 1850, in Ripley County, Indiana. He graduated at the Ohio Medical College in 1874, and began practice in Indiana. There he remained for three years, then came to Abbotsford.

Dr. Neil D. Campbell was born June 18, 1849, in Elgin County, Canada. He graduated from Rush Medical College, Chicago, in 1875, then came to Blaine and began practice.

Dr. William Gowan was born January 22, 1842, in Ireland. He attended school there until sixteen years of age, then came to this country and studied medicine. He was graduated from Louisville Medical College in 1851, and began practice in Brockway. In 1878 he matriculated at the Detroit Medical College.

Dr. William H. Gowan was born May 21, 1854, and is the son of Dr. William Gowan, one of the oldest physicians in active practice in this county. William H. attended school here, and afterwards studied medicine in the office of his father; was graduated in the Detroit Medical College in 1875, and since then practiced with his father.

Dr. C. H. Alden, Dr. C. Carvallo, and Dr. M. K. Taylor were United States surgeons stationed at Fort Gratiot, a part of Port Huron.

Dr. H. R. Mills was born in Saline, Washtenaw County, Michigan, July 11, 1847. He attended school there and entered the state University at Ann Arbor, where he completed his education. He then commenced the study of medicine, but in 1862, before graduating, entered the Army in the Twentieth

Regiment Michigan Infantry, and served until the war ended. Returning to the University he completed the medical course, graduating in 1866. He then re-enlisted in the regular service, was appointed post surgeon at Mackinaw, and held that position for some years. He located in Port Huron in 1871, and until his death successfully practiced his profession. He has served as pension surgeon and marine surgeon and supervising inspector of Emigrant Inspection Service. He was for a time surgeon at the Soldiers Home in Grand Rapids.

Dr. George S. Ney was a native of Guelph, Canada, born in 1854. His earlier education was obtained in the common schools of the province, supplemented by high school and collegiate courses later, in preparation for entrance to Trinity College, Toronto, Canada. He began the study of medicine while in Toronto and completed his medical education in Bellevue Medical College, New York City, in the year 1882. While in Bellevue Hospital, he specialized in surgery and gynecology, with the purpose in view of some day devoting himself entirely to the practice of these favorite subjects. Following graduation he engaged in general practice in Yale, Michigan, for a number of years, then removed to the city of Detroit. Later he returned to Port Huron, specializing in general surgery.

For the following memoranda concerning St. Clair County physicians grateful acknowledgment is made to Dr. C. C. Clancy of Port Huron:

Dr. Mortimer Willson was born August 2, 1847, in Elgin County, Ontario. He came to Michigan in the Autumn of 1861, and located in Denmark township, near Vassar, was educated in the grade and high schools of Vassar and Bay City, and graduated in 1870. In the winter of 1870-1871 he was principal of the high school in Carthage, Missouri. He studied medicine in the University of Michigan and the Detroit Medical College, graduated in 1874, and began practice in South Bay City. He moved to Port Huron in June 1881. For many years he was a member of the school board, and for twelve years was a commissioner of the public library. He was president of the hospital board for about twelve years.

In 1889 he spent several months taking post graduate work in the hospitals of London and Berlin,

He was a member of Grace Church vestry from 1886 to the time of his death, which occurred November 3, 1921.

Dr. Willson was a member of the Council of the Michigan State Medical Society from 1905 to 1909. Serious, earnest and zealous, of charming personality he was much endeared to fellow-members and was influential in the work of that body. (C. B. B.)

Dr. Sylvester W. Merritt was born in Canada and located in Fort Gratiot village, St. Clair County, in the early seventies. He obtained his education in the Province of Ontario in Canada and migrated to the United States after completing medical studies at Trinity College, Toronto, Ontario, in the year 1869.

Dr. Albert E. Thompson was a native of Strathroy, Canada, born August 5, 1861.

His earlier school days were spent in the common schools of Strathroy and his high school education was also obtained in the city of his birth. Later on he decided to enter the Detroit College of Medicine; was graduated from that College in 1893 and admitted to practice in the State of Michigan.

He came to Port Huron immediately after graduation and remained for a period of one year. From that time on he was a resident of the city of St. Clair, Michigan, until his death, which occurred on December 19, 1920. During that period, Dr. Thompson became a leader in his profession, always ready and willing to serve the interests of both the county and State medical organizations.

Samuel K. Smith was a native of the Province of Nova Scotia, Canada, born in the City of Milton, May 27, 1867. His earlier education was received while a student at Liverpool Academy, covering a period of six years' study. Then he entered Acadia College, for the completion of a classical course, and graduated in 1886 with honor marks at the end of his last year. During that same year he began medical study, enrolling as a student at the College of Physicians and Surgeons, and graduating in medicine from Columbia University, New York City, in 1890.

Dr. Smith located in Port Huron, Michigan, during the year following graduation and readily established a lucrative practice within a short period of time. While engaged in general practice, he devoted much attention to obstetrics and the care of children. His death came as a shock to the community, among whom may be counted those who loved him for the great service he had rendered humanity.

Arsene Henri Coté was born at Puce River, Province of Ontario, December 11, 1870. He attended the local schools there, and later entered Assumption College, Sandwich, Ontario, taking a complete classical course. He graduated from Assumption College in 1890, and entered Detroit Medical College in 1891. Later he became interne at St. Mary's Hospital, Detroit, enjoying the tutelage of the late Dr. Theodore A. McGraw. Upon receiving his degree as Doctor of Medicine he located at Port Huron, Michigan, and began practice in May, 1894. He at all times displayed a large interest in the progress of the medical societies of which he was a member. For several years he served as secretary-treasurer of the St. Clair County Medical Society and later became its president. At the time of his death he was a member of the St. Clair County Medical Society, the Michigan State Medical Society and the American Medical Association.

He specialized in genito-urinary diseases, taking courses of study in Detroit, Cleveland, and New York during the many years he actively engaged in the practice of his profession in this city.

Dr. Stewart Whedon Smith was born in Ann Arbor, Michigan, January 20, 1851. He was prepared for college at Ann Arbor High School; was graduated from the literary department, Michigan University, with the degree of A.B. in 1875, from pharmacy department, degree Ph.C., in 1876, and from the medical department in 1877. He settled in Port Huron, Michigan, in 1879, practiced general medicine there until 1889, spent the winter of 1889 and years of 1890 and 1891 in travel and post-graduate schools of Chicago and New York. In the spring of 1892 he went to Chattanooga, and in November of that year to Denison, Texas. He was a member of Denison, Grayson County, Texas, and American Medical Societies. His father, George Smith, was a pioneer Methodist minister; his grandfather, Judge John Smith, a Virginia planter, who emancipated his slaves before the Civil War and moved to northern Ohio. His great-grandfather Stuart on his mother's side was a chaplain in the Revolutionary Army and paternal ancestors also served in the same war and in the War of 1812.

EARLY PHYSICIANS OF JACKSON COUNTY

Dr. Frederick W. Rogers published in the *Bulletin of the Jackson County Medical Society* of December 17, 1929, a "Medical History of Jackson from the Civil War to 1900." It seems impracticable, owing to the arrangement of this compilation, to incorporate the article in its entirety, but numerous excerpts from it appear here and there throughout these pages, and perhaps occasionally without due credit to the author—this owing to preparation for printing.

Of early physicians, Dr. Rogers enumerates among others:

George W. Carhartt, who practiced in Jackson from 1850 to 1869; William I. Bronson from 1859 to 1879; Cyrus Smith and Joseph Tunnecliff, both surgeons in the Civil War, the former, after his return, practicing in Jackson until about 1900, the latter from 1865 to 1881; Charles C. Turner from the early sixties to 1900; John E. Smith, 1866 to 1873; Edward Lewis from before the war to 1867; A. M. Crawford from 1859 to about 1900; Dr. Andrews from the late sixties to 1871 or 1872; John W. Fay from 1866, on; Charles H. Lewis, 1866 to 1914; Rice W. Nobles, R. LeDue and L. C. Reynolds from early sixties to 1888; John D. North, a Civil War Veteran, from 1867 to 1900; J. B. Tuttle, early sixties until about 1900; W. J. Calvert, 1867 to 1873; Samuel P. Town, 1871 to 1900 (his death occurred four years later); R. D. Glasgow, 1873 to 1878; McLaughlin, who "retired with a competence," 1869 to 1882; Eleazer Price, 1870 to 1888; William A. Gibson, 1870 to 1900 (?); William Worsfold, 1870 to 1890; A. de Lafayette Angell, 1875 to 1883; A. P. Beard, 1875 to 1900 (?); Charles H. Haskins, 1876 to 1897; James H. Lewis, 1876 to 1883; Peet Seele, 1876 to 1894.

Of one, a quaint character whom I knew, and from whom I was the recipient of a kindness, who practiced in Jackson from 1851 to 1889, Dr. Rogers writes:

"Undoubtedly the most talked of medical man in Jackson during the sixties and seventies was Gordon Chittock. He was a bluff, plain speaking, even profane man, quite overbearing, and although not making any attempt at smoothness, not at all courteous, still he was a very popular physician with a very large practice for that period. Much sought in consultation by other physicians of the city and throughout the country. More anecdotes and stories were told of him during the many years than of any other physician since the Civil War."

One of these stories had to do with a mishap in conception revealed obstetrically, in which the opinion was expressed that the mother had not only been "chased" and the baby "marked," as she averred, but that one of another race had "caught" her.

Dr. Rogers' narrative continues, "One incident which he told about himself and which I was able to verify by three other old physicians who were present at the time is certainly worth our notice as perfectly illustrating the attitude of physicians toward each other with few exceptions, especially those attempting surgical work during the sixties and seventies. Some time during the seventies—I forget the year—a young lady had a very ugly looking tumor on one side of the neck. She had been refused operation at the surgical department of the State University, and as she was desperate and ready for any risk she begged Dr. Chittock to attempt its removal. After full explanation of the difficulty and probable impossibility of the removal, with the girl and her family assuming all responsibility, he attempted the operation. As was usual at that time at important operations, a number of leading physicians, especially of those who essayed surgery, were invited to be present. As he worked for awhile, he had the misfortune to get an opening into the jugular or carotid, I forget which, and instead of assisting him to secure the vessel his assistant surgeons and all of the onlookers with one or two exceptions marched out of the room with erect heads and severe countenances to show to the grandstand their profound disapproval of such an operative blunder. That was a genuine example of professional brotherly love during those days." Dr. Chittock was treasurer of the State Medical Society for twelve years.

"Dr. B. Barnum enjoyed a large practice during the years 1870 to 1875 in Jackson. He was a very popular physician, coming here from Schoolcraft. He was Michigan Central surgeon. He would seem to have been a superior man, as he was called much by other physicians as a consultant. For some reasons, some said family trouble, he moved back to Schoolcraft, and I have been informed he afterwards committed suicide.

"The medical supply of the villages of Jackson County during the sixties was much better than one would suppose. It is impossible with the limited time at our disposal to learn better than an approximate history of these hardest working men in the world. Only a hazy account of the names and a still hazier knowledge of the period of their service. The few histories of the time mentioned only those who paid for a write-up—the who's who—as they do now. One is impressed by the fact that their qualifications and capabilities, when we remember the times and conditions under which they worked, must have been very good indeed. It is a surprise in fact in looking over the list of those of whom we learn, to see what a goodly percentage of them served their country in surgical service in the armies during the Civil War."

"Dr. R. H. Davis [in Jackson 1865 to 1898] was a graduate of the first class turned out at the University Medical School, although he apparently did not locate here [in Jackson] for several years. . . . As old age affected him many humorous anecdotes are related of him."

"Good old L. M. Jones, though growing quite old, did some of the other work [in Brooklyn, Jackson County]."

It is noticeable that to escape age, affliction—or was it the environment?—three Jackson physicians, Drs. Barnum, Littler and Cooper, committed suicide, and one, Dr. Wesch, eye, ear and nose specialist, became a Mary Baker Eddyite. (C. B. B.)

"Hanover became a village of sufficient importance to afford a good location for a physician. James Wilson, an excellent country physician, located there in 1869 or 1870, practicing until about the early nineties. Frank Hudnutt also attended the sick and injured from 1870 until about 1900. There was also O. Q. Jones, a son of our old friend L. M. Jones of Brooklyn, from some time in the late sixties and early seventies, when he removed to Tecumseh.

"Horton and much of the surrounding country was still using the services of the ageing Isaac Snyder and in the later seventies of Dr. Weeks. The little village of Henrietta afforded during the seventies into the early eighties a business for J. L. Conant, and at Gasburg in Henrietta township in 1878 located the kindly, genial young Irishman, J. E. Conlan, the faithful and trusted friend of the sick and afflicted."

"In the eighties the new village of Munith sprang up. It looked like a real money proposition and our young friend, Johnny Conlan, wisely changed his headquarters from Gasburg to the new burg.

"At Concord W. A. Keeler was practicing vigorously, as was also W. A. Parmeter, with the competition of a Dr. Bailey for a short time, and also of Charles Baldwin from 1875 to 1880, when he removed to Jackson."

Dr. Nathan H. Williams, who came to Jackson in 1876 and who died in 1914, "in a few years acquired a very large and as select a practice as it was possible for one man to hope for in a city like Jackson at that time. He was an outstanding man, kind, tactful, broadminded, and was very highly regarded by his confrères. He was called during the eighties and part of the nineties more often in consultation than any other physician in the county. His generous, considerate treatment of younger struggling physicians when called in consultation inspired them not only with admiration but also with affection which was never disappointed. I do not think of any physician since his day who has held the place he held."

"During the eighties the old back-stabbing, slandering, assassinating methods among so many of the doctors, shameful and disgusting during the sixties and seventies, had been dying out, and during the nineties it almost entirely disappeared. As Dr. N. H. Williams told me when I made his acquaintance in 1890, the old ones most responsible for that state of affairs were, thank heaven, about all killed off. I am of the opinion that the old detestable spirit kept the reputation of Jackson physicians down and resulted in the profession being really backward for the times. During this decade physicians were noticeably more friendly and more sociable with each other. I think I am in a position to say that in improving these relations none contributed so much as N. H. Williams and A. E. Bulson. Drs. Williams, Waldron, Lewis, Martha C. Strong, White, Pratt and Anderson were taking care of large businesses in the early part of this decade."

In Leoni, Jackson County, Dr. Watts was located in the early sixties; later there was Dr. Lane, "who was said to be a very able man, who died young with a bright future seemingly before him." Dr. George W. Smith began practice there in 1874.

Dr. Duncan Hyndman located in Norvell, Jackson County, in 1863, and served that part of the country well. He was "always there when wanted."

Dr. John W. Richardson located in Waterloo, Jackson County, in 1859, and also practiced there after the war. He served as assistant surgeon to the Twenty-first Michigan Infantry; had an office for a time in Jackson during the late seventies.

"Zaremba W. Waldron, a graduate of Union and University of Pennsylvania, came to Jackson in 1873. He established a drug store, and, apparently a diffident man, did not for several years do any general practice, managing his drug store and doing office practice. After some years he began visiting practice, and in the eighties and nineties had a very large and well selected clientele.

"William A. Gibson and William J. Calvert had large practices during this period.

"John T. Main was a scholarly man and for many years was one of the leaders in the profession here.

"J. W. Richardson appears to have maintained an office here and also at Waterloo during some of the late seventies.

"Other names appear, of whom I cannot obtain much information. Edward L. Kennedy appears to have been here during this time, and for some time previously, yet his name does not appear in the directory among the physicians until 1878.

"Edwin L. Kimball came in the late seventies, a man of fine ability, who should have gone far but for a rather indolent and pleasure loving disposition. He was physician to the State penitentiary here and later division surgeon to the Michigan Central railroad during the eighties and in the nineties until his removal from the city in 1896.

"John D. North was a man of considerable ability. He was Michigan Central surgeon during part of the seventies. He had during the seventies and eighties a very large practice, which kept up to quite a respectable size until well into the nineties."

Dr. Freeman R. Crosby, after serving some time as assistant surgeon to the Seventeenth Michigan Infantry, practiced in Napoleon and Henrietta, Jackson County, from 1864.

At Concord, Dr. W. N. Keeler "rode over the roads and through the snow drifts from 1852 until 1902, sharing the practice with D. J. Parmeter from 1861 to 1900."

Dr. Mahlon H. Raymond began practice shortly after graduation from the medical department, University of Michigan, in 1859. In 1862 he was appointed assistant surgeon to the Twenty-sixth Michigan Infantry and the following year became full surgeon. At the close of the war he resumed practice at Grass Lake and "acquired a fine competence." He retired from practice in the nineties in consequence of ill health.

"At Grass Lake Drs. Raymond and Chapin were taking care of large practices and when H. J. Hale began in 1875 there was still enough demand for physicians in the surrounding country to keep all three from becoming lazy."

Dr. E. B. Chapin, a graduate from the University of Michigan in 1863, served for a time as surgeon to the Eleventh Michigan Infantry, practiced in Grass Lake, and after 1895 in Jackson.

He and Dr. M. H. Raymond are regarded by Dr. Rogers as "fine old veterans" but as always "their places were soon filled by two other young members," Drs. J. McColgan and William Lyon.

"At Springport," writes Dr. F. W. Rogers, "we hear of some of the old doctors, although the time of their endeavor is not so accurately given as can be desired. We are told of a Dr. Hotchkiss, who appears to have practiced there during the sixties, and also of a Dr. Winslow who was a rival in probably some of the later sixties and seventies . . . probably Dr. Winslow was in practice and possibly Dr. Hotchkiss part of the decade, and Dr. Judson was probably here in the late seventies."

Right you are, Dr. Rogers, as to Drs. Winslow and Judson, who were *my own* rivals in 1878, although I fancy they took the rivalry with no undue degree of seriousness. Dr. Hotchkiss I do not remember, but there was a so-called "eclectic," I believe, who practiced medicine from his drug store. His name escapes me. Of. Dr. Winslow, I will say *en passant* that though competition was keen between himself and Dr. Judson, a homeopathist, and though his age forbade the expression of perennial tolerance, he treated me, in one case at least, with marked consideration and my recollection of him is wholly pleasant. (C. B. B.)

Dr. Smith H. Bristol "was apparently at Parma when in 1862 he was appointed assistant surgeon to the Thirteenth Michigan Infantry. It appears that he came back to Parma after the war, although, being an ambitious and progressive man, he was away some of the time, taking what he could get at that time in post-graduate work."

Dr. Buchnam came there in 1849. "About 1883 or thereabouts Buchnam and Bristol removed, or according to some accounts, sold out to Dr. J. S. Blanchard and removed from the village. Blanchard was a man of superior medical ability. After practicing about six years at Parma he removed from Parma to Jackson either in 1889 or 1890. He was succeeded by Dr. Riker. Other names were known for a short time in this village, Dr. Haight and Dr. Bumpus. Dr. O. S. Hartson was an able homeopathic physician; he practiced from 1884 to 1890, then removed to Jackson where he still is among us. He was succeeded in Parma by Dr. Whitney from Big Rapids."

"During the eighties Gordon Chittock withdrew from a still very active practice; Joseph Tunnecliff was becoming too old to work hard; Cyrus Smith still had a large clientele. Others having large practices were J. D. North, C. H. Lewis, J. T. Main, N. H. Williams, M. McLaughlin, and G. J. White was acquiring a large portion of that of M. McLaughlin as the latter retired during the eighties, Dr. White also taking over the drug store which was owned by Dr. McLaughlin. During the last eighties and in the nineties G. J. White had probably the largest visiting practice of any physician who ever practiced in Jackson while the horse was the means of transportation."

"Charles Baldwin, a homeopathic physician of considerable ability, removed here from Concord in 1880. After about four years of practice here he was appointed professor of obstetrics and gynecology in the homeopathic medical department of the State University.

"Quite a notable figure among Jackson medical men was J. F. Brown, who came here about 1882. Brown was a homeopathic physician who had taken considerable training in eye and ear work, and also in surgery. For that time it seems he was a pretty good eye man. At one time for a considerable period he filled as a substitute the chair of ophthalmology during the absence of Dr. Wilson, the professor at the homeopathic department of the State University. He has the honor, to the best of by knowledge and belief, of being the first Jackson doctor with entirely local assistants of performing the first successful ovariotomy. In June, 1887, with the assistance of Dr. O. S. Hartson, a homeopathic physician then located at Parma, and another local homeopathic physician as anesthetist, Dr. Bumpus, also of Parma, and some other local assistant, he performed a double ovariotomy for tumors upon a Jackson woman, with the good luck to restore the patient to health, she surviving the operation forty-one years. The operation had, I believe, been done previously with the loss of the patient and on one occasion that I heard of many years ago, an ovarian tumor was removed, with recovery of the patient, by a Jackson physician, assisted and coached by one of the Byfords from Chicago. Dr. A. E. Bulson, from 1888 to 1928, was the first genuine specialist in Jackson on eye, ear, nose and throat.

"In the villages of the county, Brooklyn and the country around, Drs. Palmer and Porter did most of the service for a large community.

"At Concord, W. N. Keeler, still active as ever, was joined by L. N. Keeler, his son, I believe in 1881, and controlled, as information tells us, the major part of the practice. Dr. J. L. Parmeter provided most of the competition with also the portion acquired by Dr. Robert Stevenson for a little while during this period when his health gave out and he died.

"At Grass Lake Dr. Raymond began to let up a bit, referring quite a little work to H. J. Hale, as he was becoming quite well-to-do financially for those times in a town of that size. Chapin was still taking all the work he found coming to him as he was a very strong man and the drives through the summer sands and the winter snow drifts had not yet dented his powerful constitution. Hale was now doing a good business. At Hanover, during this decade, were James Wilson and F. Hudnutt still on the job, with a new comer, Dr. Ambrose, a homeopathic physician. Henrietta was served during part of the eighties by Jesse R. Conant.

"At Horton we find our ancient friend, Isaac Snyder, still defying old age, at least for some of the decade, and also appear the names of Dr. Weeks and Dr. Williams covering this fine farming area of Jackson County.

"At Leoni, G. W. Smith was still located, putting in some of his time in Jackson, as Leoni is too near Grass Lake, Napoleon and Jackson to afford a living practice."

"In 1880 with a population of 16,500 the [Jackson] directory mentions thirty-nine practitioners of medicine. Among the newer candidates for the favor of the people were Charles Baldwin, coming from Concord, from 1880 to 1884; Octavius Lyon, from 1879 to 1888, who also ran a drug store; F. M. Reasuer, 1881 to 1888 or 1889, also a druggist; George W. Smith, from 1881 until past 1900, from Leoni; B. B. Anderson, from 1880 until 1921; Talbert Sleneau, from 1886 until about 1900; J. B. Townsend ran a drug store and did very little practice from 1888 to 1896; Wright J. Chittock, son of old Gordon, 1883 to 1910; O. J. R. Hanna, 1884 until far into the present century; Frank P. Pratt, 1883 to 1901; W. W. Lathrop, from 1884, still active; Fred W. Main, son of J. T. Main, from 1884 until well into this century; George J. White, from 1881 or 1882 until 1909; H. G. Glover, 1888 until present century, except for two spells of absence; A. E. Bulson, from 1888 until 1928; P. I. Edwards, from 1887 until 1928; H. D. Hodge, from 1888 until a few years ago; W. C. Wright, 1889 until 1897."

"The people of Brooklyn were served during the sixties by L. M. Jones, a homeopathic physician, who lived there from 1858 until into the seventies or later. Luther Cook, educated as a physician and a Baptist preacher, after preaching in various places in Ohio and Michigan and practicing medicine more or less from the forties, came to Jefferson and Clarks Lake, near Brooklyn, in the later fifties, finally abandoning the pulpit and practicing through the sixties until into the eighties at Jefferson and probably at Brooklyn—certainly in the country surrounding Brooklyn."

"The villages during the decade of 1870 and 1880 were well supplied with pretty good medical men. John R. Crowell was at Brooklyn from 1860 until 1877. L. M. Jones was still here at his busiest, also N. H. Barnes, preacher and physician, healed the bodily sick from 1875 until into the eighties. Brooklyn still feels the effects of its two early preacher doctors. It is still a pious town—said to be."

"At Napoleon, Albert H. Reed, after about two and a half years at the village of Jefferson, located in 1876 and practiced actively for several years. Arthur W. Harvey also administered to the people during the early seventies until he died in 1876.

"Dr. Crosby also was active here during the seventies." From 1883 to 1885 he maintained an office in Jackson.

"Dr. Peter Hyndman located in Tompkins Center about 1878" and in Jackson in 1895 or 1896.

"At Rives Junction we hear of a Dr. VanHorn, who appears to have attended the sick for some time during this period. Spring Arbor, one of the earliest villages on the map, had physicians at times, but I cannot learn the names of the men who labored there until we meet Dr. Emerson. He must have begun there in the late eighties or more likely in the early nineties. Dr. Pasco also was in practice during some of the decade. Dr. C. H. Dale was attending patients through most, if not all, of the eighties and is still practicing there.

"At Tompkins Center, Peter Hyndman found an extensive amount of country to cover. Richardson was certainly serving his people from Waterloo during at least part of this decade.

"The census of 1890 gives Jackson something over 22,000 in population. The city directory of this year places in the list forty physicians, which, of course, might include among actual physicians corn doctors and some of weird and fantastic cults; all were physicians to those working up data for the directory. Among those who first showed themselves to the people during the ten years from 1890 to 1900 were: J. H. DeMay, from 1890 until his death in the present century; J. H. Innis, from 1890 to 1893; Samuel Geven, from 1890 to 1893; C. A. Littler, 1890 until his suicide some time in this century; C. D. Colby, 1892 until service as assistant and later major surgeon to the Thirty-first Michigan Infantry in the Cuban War, then again in Jackson from 1898 until about 1900; F. W. Rogers, 1890 until present time; William B. Watts, 1891 or 1892 until about 1900, with a short army service as assistant surgeon to the Thirty-first Michigan Infantry in 1898."

* * * * *

Dr. Aileen B. Corbit, who is writing a history of Oxford, where she resides, in fine coöperative spirit has sent, at a late moment, memoranda concerning that locality. From these the following items concerning pioneer physicians are extracted.

Dr. John Elbridge Deming, whose parents moved from Chili, New York, in 1828, to Michigan, was born in Pontiac in 1830. Two years later the family moved to Oxford township where, in 1823, the father had secured public land. A sister of Dr. Deming "was the first white child born (1833) in the township of Oxford."

Dr. Pliny Powers came to the Deming neighborhood in 1837; built a house the following year. Associated with him was Dr. Egbert Burdick of

Dutchess County, New York. Dr. Burdick "was the first practicing physician in what is now the incorporated Village of Oxford" (1839 until the time of his death). He platted several acres, and a street in Oxford bears his name. Dr. Powers removed to Detroit and there died.

Dr. Spaulding located in Oxford in 1845.

The plat of Oxford published in 1872 contains the following names:

Drs. J. Porter, M. S. Bennett, O. E. Bell, J. T. Stanton, Egbert Burdick, O. Foot.

As to another physician, Dr. Lawrence, "who lived on West Burdick Street," Dr. Corbit writes, "He went to the Civil War and I do not know that he ever came back."

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Chapter IX

Medical Education in Michigan

"There is now [1881] *a very large number of educated and enlightened physicians in this state . . . upon a par, at least, with their neighbors the minister, the lawyer and the merchant . . . quite as orthodox as the former, they allow no one to come between them and the church unless it might be a patient or two."*

—Dr. Henry F. Lyster.

CHAPTER IX

Medical Education in Michigan

By J. H. Dempster, A.B., M.D., Detroit, Michigan

IN HIS excellent address to the Michigan State Medical Society at its annual meeting in June, 1927, President J. B. Jackson of Kalamazoo declared that "the profession of medicine has made great progress in recent years. With the advancement of scientific learning it has increased the educational requirements for those who wish to enter its ranks. Today there is practically no profession which requires more in the way of education and preparation than does ours. Two years of pre-medical work, four years in a medical school and a year in a hospital is the least possible time in which a high school graduate can be prepared to begin the practice of medicine in Michigan. Many of those who enter our medical schools have had four years of pre-medical work, and hospital service after graduation is often extended over a period of two or three years or more. The man who enters the practice of medicine at the present time is well trained."

At a banquet in honor of the State Medical Society in Bay City in 1881, Dr. Henry F. Lyster of Detroit responded to the toast "Medical Education" as follows:

"The standing of the medical profession in any community is in direct relation to the educational condition of the people.

"When a people are steeped in barbarism, and ignorant of the rudiments of a literature, then the practice is in the hands of medicine-men, cunning and unscrupulous, who play upon the superstitious credulity of their fellows.

"Among nations of enlightenment, medicine takes its place among the most learned and scientific professions, and opens a field for study and research large enough to incite the most inspiring.

"We are living in an age of wonderful development. This noble State of Michigan which today contains more than a million and a half of souls, forty-four years ago was in a territorial condition, did not contain ten thousand. There is a gentleman now living in Detroit, and may a kind Providence spare him to us for many years to come, who remembers when as a young man he rode on horse-back through the State each year to inspect the Indian villages, and there was not then a white man living in the State five miles west of Detroit. This was in 1820. With the settlement of the State in this comparatively short time there have been called into existence, and to a very creditable extent developed, all the educational institutions, built with their foundation upon the bed rock of the common-school system.

These institutions, thanks to the public spirited and far-seeing pioneers who planned the constitution of the State, and to the legislators, who, in season and out of season, have labored to secure to them a portion of the public lands, and who have levied specific educational taxes, have kept abreast of the wonderful material developments which it has been our fortune as a State to acquire. The patient, long suffering and much enduring pioneer doctor has been gathered to his patients, and has left no trace except a rather pleasant memory among the descendants of the early settlers of how much he had to do and how little he ever got in return. There is now a very large number of educated and enlightened physicians in this State, and they, taken as a class, are as well to do as any others, and receive as large return for their work. You will find them in every respect upon a par, at least, with their neighbors, the minister, the lawyer, and the merchant, and while claiming to be quite as orthodox as the former, they allow no one to come between them and the church unless it might be a patient or two.

"We have three colleges of scientific medicine in the southeastern corner of the State, within a radius of fourteen miles, all endeavoring with greater or less effort to educate those who come to them in the true art and science of medicine according to the present degree of knowledge. Notwithstanding these schools, the demand for physicians of all kinds and qualities by the people, shows that the popular taste still needs some cultivation, and that a Michigan legislature is a representative body of the people on all matters pertaining to the medical opinion of the State.

"We need an examining college for the purpose of licensing and registering all those who practice medicine within the limits of the State.

"This will come in time, and then will the medical profession be more truly a body of learned and scientific physicians, and then will this society smile, and wear a serenity of expression that betokens an inner consciousness of having done the right thing at the right time in the matter of medical education."[25]

Dr. Donald Maclean in his presidential address to the State Medical Society in 1885 says, "In any review or discussion of medical questions and the many important interests therein involved, it is impossible to avoid the somewhat dangerous one of medical education. I think it will be admitted that the question of the management of the medical schools lies at the very foundation of the whole subject of medical policy. The position and standing of the profession in the community is determined very much by the manner in which the medical schools are conducted. The genius of the profession as a whole is concentrated and embodied in the seats of medical learning. If, then, the profession of this or any other state is ever to attain to its rightful position of usefulness and honor, the medical schools must be elevated to the very highest plane of thoroughness and efficiency. The belief that the mission of a medical school is fulfilled when it is able to point to a goodly list of graduates sent forth to practice the profession in the community, is, I think, a very prevalent one, but surely to such an audience as I have now the honor to address it is needless to point out that such an estimate of the results to be expected from such a source is absurdly inadequate. Surely something more and better than the partial education and graduation of even large classes of students ought to be expected from any institution which deserves the name of a medical school. *I don't think that I can be mistaken when I take the ground that the most essential function of such an institution is the promotion and development of medical science in all its departments, observing, collecting, recording and utilizing natural facts and laws for the benefit of the present and all future generations; evolving and promulgating new theories and new methods of practice, attracting and appropriating to itself for its own great ends the best available talent, giving aid and encouragement to the meritorious, exposing and eliminating the unworthy and irrational, 'proving all things, holding fast to that which is good.' These are, in my opinion, the aims and ambitions by which a medical school must be animated if it is to prove itself worthy of the age in which we live.*"[25]

Probably no other country presents a more interesting story of expansion and development of a profession than does the United States in the matter of the profession of medicine. Colonial medicine in New England was very much inferior to theology or law. There were several reasons for this condition. In the first place New England owed its existence largely to religious difficulties in Old England, resulting in the migration from the old land of men strong in the courage of religious convictions. The early New England clergy were men of learning and talent. Secondly, offices of honor under the Crown induced men to come to this country who were distinguished in law. Men skilled in the art of medicine were not at first attracted to the colonies. There was little or no inducement to them to migrate and rather overwhelming reasons for remaining at home. Besides, in the seventeenth century, medicine had not come into its own, even in Europe.

The history of medicine reveals that in its earliest phases the priest and the physician were one. Rather singular to note the early practitioners in England were also many of them clergymen. Anticipating the loss of their positions in England many of the clergy had turned their attention to medicine, and had thereby become proficient in both professions. All colleges were in the beginning more or less private, usually under denominational influence. Harvard, according to the late president Eliot, was founded for the purpose of making preachers of weak and sickly young men. Evolution has been from private and sectarian to public and non-sectarian education. Apart from this, however, early American medicine abounded in quackery. Like the proverbial indigent, the quack is always with us. The medical pretenders had come to be such a nuisance as well as positive danger to the colonists that early attempts were made to regulate the practice of physic. The first attempt at medical regulation was in New York in 1649, when an attempt was made to put down quackery. The law, however, made no provision for the education of medical men. It was therefore at best negative in its scope. It was followed in 1860 by another law demanding certification of those who would practice the healing art. The penalty for non-compliance was £5. The condition of medical practice in the colonies in the pre-revolutionary period is very graphically told by Dr. Douglas in 1752:

> "In general the physician practicing in our colonies is so perniciously bad that excepting surgery and some very acute cases it is better to let nature under a proper regimen take her course than to trust to the honesty and sagacity of the practitioner. Our American practitioners are so rash and officious that the saying in the apocrypha may be properly applied to them. 'He that sinneth before his Maker let him fall into the hands of the physician.'"

It is a rather remarkable feature of colonial education that so little attention was paid to professional instruction. It was not until many decades after the founding of such institutions as Yale, Harvard, or Princeton that any provision was made for medical education. Many graduates of these institutions went afterwards to Europe to study medicine, many to England and Scotland, fewer to other European countries. It is evident that colonial medicine had its origin in Great Britain chiefly. The influence of continental medicine in this country was much later. For a number of decades few students crossed the Atlantic, but it was not until the year 1762 that we have any record of an attempt to give systematic instruction in any of the medical branches in this country. Dr. William Shippen of Philadelphia offered a course of lectures in Anatomy in 1762. The father of medical education in the United States, however, was one John Morgan, who was born in Philadelphia in 1735. From 1750 to 1756 Morgan was apprenticed to Dr. John Redman. Four years' service was spent by him in the French and Indian wars where he attended the sick and wounded. Morgan also served as an army surgeon in the Revolutionary War and also spent five years in serious study under the great masters of medicine in Europe. He was a friend of Benjamin Franklin, which fact gave him entrée to many exclusive honors in London. He had come in contact with the Hunters, where he learned the art of preparing anatomical specimens. Morgan founded the first medical school in the United States, which was opened in Philadelphia in 1765. He occupied the position of professor of theory and practice of medicine. Shippen was professor of anatomy and surgery. New York soon followed Philadelphia's example when the medical school in connection with King's College (Columbia) was founded in 1768. These were the only medical schools before the American Revolution. At both institutions the importance of premedical training was emphasized, both schools enjoining on prospective students a classical education.

The methods of instruction that prevailed in the United States up to the close of the Civil War were a heritage from Great Britain. When a young man wished to study medicine he became apprenticed to a medical practitioner for three or four years and received instruction from his master. As one writer[21] describes it: "Living under the same roof, as was customary in the days of medical apprenticeship, the preceptor would look after both the mind and morals of his pupil. The fledgeling in return for the instruction received at the hands of his master, not only compensated him for his trouble, but performed many of the menial offices of servant about the house and office. It was he who prepared the powders, mixed the concoctions, made pills, swept the office, kept the bottles clean, assisted in operations and often through main force supplied the place of the anesthetic of today, in the amputation of limbs and other surgical procedures. He rode about with the doctor from house to house, profiting by his personal experience and jotting down on the pages of his notebook and on the tablets of his memory the words of wisdom that fell from his master's lips. . . . He was taught the symptoms of disease, the crude methods of diagnosis, the art of prescription writing and the process of cupping and bleeding, considered so effective in its day."

In America there had been rebellion against the old system of apprenticeship. The system, however, survived in an attenuated form under the relation of preceptor and student. Not until much later than this period was education considered a function of the state. The University of Michigan medical school, as we shall see later, was about the first in this country to attempt medical education by the state. In addition to the old apprenticeship method were numerous private or proprietary schools to carry on the education of those students who could afford to attend them. The proprietary school idea also came to the United States from Great Britain, where it was associated with some of the greatest names in the annals of medicine, such personages, for instance, as Syme of Edinburgh and Lord Lister. Up to the close of the Civil War all the medical schools in the United States except one or two were proprietary; the sole condition for a charter for the formation of a medical college during the sixth and seventh decades of the last century was a subscription of $30,000 of which over one-fifth had to be paid in. Speaking of the foundation of medical colleges in the late seventies one physician[20] said that it cost from $500.00 to $1,000.00 to be a "professor" and that his contribution was $750.00. Medical instruction consisted chiefly of two terms of lectures, the only laboratory work was anatomy and sometimes chemistry. The student paid from $50.00 to $75.00 a session, with a graduation fee of $25.00. Since laboratory instruction was almost negligible, or the material paid for extra, the only expense was the upkeep of the plant once acquired. We have no definite knowledge of the dividends received by the professor shareholders. Much of the reward doubtless consisted of prestige in the community and perhaps what to a real physician was greater, the enlarged medical horizon which resulted from the very act itself of imparting instruction to others.

The proprietary college, at least for undergraduate instruction, is practically extinct. The present century has seen it pass virtually into disrepute. It must not be forgotten, however, that the proprietary college served a useful function in its day and that a great many masters in medicine got their inspiration from the old proprietary schools. There has been a great awakening on the part of the state in regard to its duties towards its citizens. Education in the widest sense has come to be looked upon as a public function and medical education has at last come into its own. The science and art of medicine is at length recognized in its performance of a public service and as a result we have as a twentieth century feature a richly endowed state, and in the case of Detroit a municipally owned institution.

"Medical education has a more or less definite relation to restrictive medical legislation. Prior to 1883, there was no legislative restriction to the practice of medicine in Michigan, the only requirement being that the person aspiring to the position should hold himself out to the public as a physician or surgeon. Any one was privileged to prefix the term 'Doctor' to his name or to use the letters M.D. The citizen had no protection whatsoever from the numerous mountebanks and charlatans that infested the state.

"In 1883, a bill known as the Howell Medical Act, a very mild measure, provided for the registration of all persons who had practiced medicine for at least five years preceding the passage of the Act, and that all persons graduating from a legally authorized medical college anywhere in the world might register. No regard whatsoever was paid to the candidate's education or personal fitness to practice the healing art. The law was very seldom enforced and conditions showed very little improvement. A certain healer's right to practice medicine being questioned, he produced a diploma on which he had been practicing for years. Upon it being pointed out that the document was a dental diploma and not medical, he replied: 'It is very funny, I paid for the other kind and supposed I had it.'

"Numerous successive attempts were made for restrictive legislation, none being more active in his efforts than the late Dr. E. L. Shurly. So indifferent were the legislators in the matter of protecting the public health that it is said the governor of the state was about to sign a restricive measure when a visit from an itinerant cancer quack caused him to change his mind and to withhold his signature.

"Little progress was made until the Chandler Act of 1890. This Act was introduced by the late Dr. B. D. Harison, at the time a resident of Sault Ste. Marie. This legislative measure provided for a registration board of ten members appointed by the governor of the state, and confirmed by the senate. This dates the beginnings of the Michigan State Board of Registration in Medicine, which was empowered to administer the act through its secretary. Since 1906 the office of the board has been located in Detroit. The Chandler Act resulted in the purging of the state of some 2,200 healers who were denied the right to practice.

"The most important restrictive medical legislation was the Nottingham Medical Act in 1903. This measure was much more radical, providing as it did, for the examination, rejection, licensing and registry of physicians and surgeons, and for the punishment of offenders against this act. This left the matter of medical education as well as pre-medical education in the hands of the Michigan State Board of Medical Registration. This body has exercised its powers, so strenuously, and always with the moral support of the great body of the medical profession that the standard of medical education in the state is equal to that of the foremost states of the Union, or to any province of Canada, where for over half a century strict attention has been paid to medical education."

"At the present time pre-medical requirements consist in a full high school course of four years, followed by two years collegiate training. The professional requirements are four years' attendance in a medical college whose standards conform with the demands of the Council on Medical Education of the American Medical Association. A fifth year spent as interne in an approved hospital is now required."[3] ("The Medical Profession in Detroit"—Dempster.) So great are the numbers of students seeking entrance into the two medical colleges in the state, the majority of those admitted have a college degree, Bachelor of Arts or Bachelor of Science.

Michigan has been a veritable graveyard of medical colleges. There have been sixteen medical colleges in this state, only two of which have survived to the age of manhood. Some have almost proved to have been still-births.

In numbers "does our State Institution [University of Michigan] rank among the first in the land, but far better in the advantages offered, it is second to none."[8]

Professor Charles K. Adams writes in the "History of Washtenaw County," Page 301, that, in 1866, "the medical school had become one of the most prosperous if indeed it were not without exception the *most* prosperous in the country, the catalogue for that year showing an attendance of 525 students."

The University Medical School

If there is any honor in being first, the credit must go to Michigan as being the pioneer state to recognize the importance of professional education in medicine. The medical school was founded in 1850. While, however, it has attained its four score years, unlike the individual man, it is approaching its prime rather than its dotage. It has become among the first of a half dozen of the leading medical schools of this continent. While the date indicates early recognition of a new duty by the state, it took a long time to realize the importance of the task which had been undertaken. The University of Michigan had been a reality since the year 1837 and Governor Mason of the State and the Board of Regents had shown their appreciation for science from the very beginning. Dr. Asa Gray, the famous botanist, who was also a doctor of medicine, was appointed professor of botany and zoology in 1838. He was never active, however, as a professor, most of his time having been spent in Europe collecting scientific books for the school. Dr. Gray resigned in 1842 and was succeeded by Dr. Abram Sager, who filled a large place in the early history of medical education in Michigan. It should be mentioned here that before the actual establishment of the college a number of enthusiastic and scientifically minded men had taken up their residence in Ann

Arbor, among them Dr. Sager, Dr. Douglass Houghton, Dr. Silas H. Douglas, Dr. Zina Pitcher, and Dr. Moses Gunn. These men formed the nucleus of the new medical school.

Dr. Sager, who eventually became dean of the medical school, was born in New York State, December 22, 1810. He was pupil and instructor in the Rensselaer Polytechnic Institute in Troy and graduated therefrom in 1831. He attended lectures in New Haven and Albany and Castleton, Vermont, graduating in medicine in the latter institution in April, 1835. He first located in Detroit, next in Jackson, then in Ann Arbor, where he lived for more than thirty years. He had a lively interest in botany and zoology inspired by Professors Torrey and Eaton at Rensselaer. In 1837 he was appointed chief of the zoological department of the Michigan State Geological Survey. He reported thereon in 1839 and the specimens obtained laid the foundation of the zoological collection of the University of Michigan. He gave to the University herbarium twelve hundred species and twelve thousand specimens. There is also a large collection in the Medical Museum of the University which he prepared illustrating comparative neurological and embryological features of the vertebrata. He was professor of botany and zoology in the University from 1842 to 1850. He was appointed to the Chair of Theory and Practice of Medicine shortly afterward and in 1850 to that of Obstetrics and Diseases of Women and Children; was for several years dean of the medical department from which he resigned when the regents favored a department of homeopathy.

Dr. Sager was a member of the American Association for the Advancement of Science, Philadelphia, of the Academies of Natural Science of New Orleans and of Chicago; of the American Medical Association, New York State Medical Society, Obstetrical Society of Philadelphia and the Michigan State Medical Society. He was author of a number of papers published in the proceedings of the Academy of Natural Science of Philadelphia, in the *Peninsular Journal of Medicine* and the *Detroit Review.*

In 1876 he was unanimously elected president of the State Medical Society, but owing to illness could not be present in 1877 and Dr. Foster Pratt presided in his stead.

Referring to him Vice-president Pratt in the charming diction for which he was noted said: "In this instance this Society did itself honor by its choice. As worship worthily rendered honors the worshiper, so (in a lower but no less true sense) homage voluntarily and sincerely paid to a man distinguished by his endowments and attainments, by his wisdom and courage, and by his purity and usefulness of life, honors those who by that homage express their appreciation of, and their respect for him who possesses those high and rare human qualities. . . . For though (next to the approval of God) the *mens conscia recti* is the highest of all rewards for well doing, yet our human nature even in its best estate may be pardoned the exercise of a laudable ambition and the enjoyment of the expressed respect of honorable and intelligent men.

"But he whom we delight to honor is not with us. After a long life well spent, to the natural infirmities of age have been superadded the pain and the debility of disease; and our venerable president, instead of occupying his seat here, sits solitary in his chamber at home. His day is almost done, and he whose sunrise was promise and its zenith usefulness, now sits calmly and with Christian resignation and patience watching its decline, in honor to an unclouded rest."

He died in Ann Arbor August 6, 1877. He was married in 1838 to Sarah E. Dwight of Detroit, who with three sons and two daughters survived him.

Dr. Douglass Houghton, who was chief of the Michigan geological survey, was made professor of chemistry in 1839. He never taught in the University but made collections for the museum. He met an early death in 1845 by drowning in Lake Superior while exploring the copper country. He was succeeded as professor of Chemistry in 1845 by Silas H. Douglas. Regarding Douglas and his methods the late Dr. Theodore A. McGraw, senior, said, "It will always be credit to our state, that at a time when all other medical institutions limited their instruction in chemistry to didactic lectures, the school of Ann Arbor insisted upon a practical course in the laboratory as a requisite for graduation. I have always regarded as one of the happy events of my life that when a literary student in the University in 1858-1859, I was influenced by Professor Douglas to enter his laboratory for practical instruction. I cannot forbear here to express my great and lasting admiration for a man who, more than any one else, founded scientific work in Michigan University and was, nevertheless, unjustly dismissed from his chair."

Writes the editor of the *Detroit Review of Medicine and Pharmacy*, "So far as our knowledge of Professor Silas H. Douglas who presides over this department extends, we know that he is able to carry out all he proposes, and having acquired our first taste for chemistry under his tuition we feel proud and thankful that we can urge upon the youth of Michigan such happy advantages under such a successful teacher."

Moses Gunn completed the trio. He had come to Ann Arbor from Geneva, New York, where he had studied medicine. He had heard of the newly proposed medical school and had come full of enthusiasm in the hope of being connected with it. He began practice in Ann Arbor and proffered his services to any bright medical student, eager to obtain practical training in anatomy. At first he taught as a private tutor or instructor in his own office after hours.

His contributions to medicine covered a wide field and his diction was at times picturesque. Replying to a leader in the editorial department of the *Chicago Journal* for June, 1859, in which the "organ of the Rush Medical College takes some pains to strike at the University of Michigan while it deals a blow at its immediate rival" he writes, likening medical education to an architectural column, that the first (enhanced preliminary requirements) represents the base, the last (hospital instruction) the capital. "The shaft is represented by the present lecture system and, we believe, combines already the solidity of the Tuscan and the ornaments of the Corinthian orders. Considered as a whole, in this country, the base is too often defective and the capital only supplied by years of private practice.[24]

When Professor Gunn accepted the professorship of surgery in Rush Medical College, the *Detroit Review of Medicine and Pharmacy* recorded that he "has been identified with the University since its first session, and he has been with her in all hours of darkness and feebleness, and now in the hey-day of her glory he bids her adieu. May all success attend him in his new career, and may the mantle of his skill as a teacher and success as an operator fall upon his successor."

Dr. Moses Gunn had no lack of self-confidence. Thirty years after appearing in Ann Arbor, he revealed to Dr. Vaughan that "when he read about the prospective medical school in connection with the University of Michigan he and Corydon L. Ford were room mates at the medical school in Geneva; that they talked over the possibilities that might lie in the West; that he said to Ford that he would come to Ann Arbor, aid in founding the school and that he would become professor of surgery and Ford should be professor of anatomy." His was an impressive figure; "one which would attract attention on the street, in an assembly or at a social function. He was more than six feet tall, spare and muscular, with deep blue eyes, snowy hair and beard which he wore à la Burnside. He wore a Prince Albert coat, a high hat, generally a white vest, and striped trousers. Pending from his neck was a long, slender gold watch chain. His hair hung about his neck in curls. In fact, as I once sat in an assembly hall beside one of the most eminent medical men of the time, Moses Gunn appeared on the stage. My companion asked as he leaned toward me, 'What old mountebank is that?' That his peculiarity in person and dress was not a foible of his old age is shown by a description of him by the late Dr. Norman Bridge of Los Angeles, California, who entered the medical school in 1866. 'Doctor Gunn, the professor of surgery, was an inspiring man; tall, erect, with a reddish beard which he wore à la Burnside and which was being tinged with gray. His graying hair was very long and hung in large depending ringlets, each of which every morning was wound about the moist finger of his adoring wife. This gave him a fantastic appearance and a reputation for foppishness that he hardly deserved. He was a rapid and elegant operator and had made some striking additions to his art.' "[1]

He was the originator of a plan for consultation with physicians elsewhere in the State over their difficult cases and announced that forenoons of Wednesdays would be devoted to this.

Dr. Victor C. Vaughan, born in Missouri in 1851, was a student at Fayette College, then Mount Pleasant College, and graduated from the latter in 1872. He taught Latin there for two years, then entered the literary department, University of Michigan, taking the degree of M.A. in 1875, and Ph.D., on examination, in 1876.

He was graduated from the medical department in 1878; was at that time assistant in the chemical laboratory; was appointed lecturer on medical chemistry the following year.

His thesis on graduation was on "Osteology and Myology of the Domestic Fowl." He issued in 1878 a Handbook of Chemical Physiology and Pathology; was in 1881 Editor of the *Physician and Surgeon.*[16]

Dr. Vaughan[1] describes in a very interesting way the beginnings of medical education in the state. Urged, no doubt, by Sager and Douglas with Gunn's outside help the Board of Regents appointed a committee with Dr. Zina Pitcher as chairman, the purpose of which was to determine the expediency of organizing a medical department. The committee reported favorably in January of the following year. A report in detail was made in 1849. This last went into the matter of necessary buildings, selection of faculty, length and character of the courses, and premedical requirements of students. Dr. Sager and Dr. Douglas were made members of the faculty, the former occupying the position of dean for a quarter of a century. Moses Gunn was made professor of anatomy and surgery. J. A. Allen† was made professor of physiology and pathology, and Samuel Denton was made professor of theory and practice of medicine. "Thus," writes Vaughan, "the school was begun with nothing to occupy the time and energy of the students save lectures, quizzes and a short course in anatomy."

Dr. Zina Pitcher, in 1858, wrote vigorously on the subject of clinical instruction in the University.[24]

In fact in the middle of the last century, and for many years thereafter instruction in medical colleges consisted mainly in lectures. There was laboratory "work" (not extremely arduous) in chemistry and there was dissection of an "upper" and a "lower" which must be accomplished during the period of study which extended over two courses of twenty weeks each. Actual hospital experience and bedside instruction in college for the many was non-existent. "Clinics" eventually there were in surgery, in ophthalmology, in general medicine, and in diseases of women—that is, provided the patient was not bed-fast and could walk or be conveyed to the clinic in a rolling-chair. Personal contact with patients was practically *nil,* these being far removed from the vigilant (if the student had had adequate sleep the night before) eye, and the investigating ear of him—and now and then her—in the seats of the mightless which nearly surrounded the post occupied by professional dignitaries and a privileged few "assistants." "Lectures" were the same in each college year and there is something to be said for this. (Laugh, if impelled, ye twentieth century pampered products). Repetition tended to fix what was of value in the mind of the student. And most of it was valuable; lectures were carefully prepared and were subject to the criticism of mature and seasoned medical men, of whom there were invariably several old grads among the auditors.

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†For Dr. J. Adams Allen's later relation to the University and his retirement therefrom, see chapter on "Controversies."

And while on the subject, though conservation of infant life and aids to longevity were to be matters of systematic study and profitable propaganda at a later period, it may also be worth while to recall that at that time there was a higher percentage of infant life to conserve, there were "commons," there were "gardens" and small playground possibilities in connection with numerous homes, and apartment houses were unknown. Boys learned "natatation" in the old swimmin' holes, and park demonstrations of saving, from drowning, young lives soon after to be extinguished by the automobile were in what is obstetrically termed the "womb of the future.

However, physicians were not satisfied with this teaching program. As long ago as 1875 agitation of the subject of a longer and graded course of study for medical students was begun. At the meeting of the State Medical Society in that year Dr. H. O. Hitchcock, of Kalamazoo, offered the following resolution:

> "That the Regents of the University are hereby requested by the State Medical Society to make as soon as practicable a full three years' graded course of study and lectures obligatory upon all students graduating in the Medical department; and that the requirements for admission into this department be made equal to those for admission into the Scientific Department."

Dr. Rynd, one of the Regents of the University, read from a recent report of the Regents looking to the same objects and supported the resolution. Dr. Dunster, the erudite professor of obstetrics in the University, eloquently endorsed the sentiments contained in the resolution, said that the University was "already moving forward in the matter of medical education and that they will continue to advance as rapidly as they may be sustained by public and professional opinion in the state and country"; that "the demand is coming up on all sides for higher culture." He held that "our present system of medical education is inadequate, is more than inadequate, that it has been more senseless than superficial for it has been conducted without the slightest attention to the proper order of study and without any inquiry as to whether pupils are fitted by previous training to appreciate and appropriate the enormous mass of material that is laid before them." Much more he said, pledged himself as a representative of the young blood of the medical department to the work, and promised that he would not turn back upon it.

Dr. Hitchcock found in the wailing utterances of St. Paul in the Seventh Chapter of Romans a "not very far fetched analogy" to those of some fearful friends of the medical department of the University,—"I find then a law that when I would do good, evil is present with me. For I delight in the law of God after the inward man, but I see another law in my members warring against the law of my mind and bringing me into captivity to the law of sin which is in my members." He searchingly inquired (and the emphasis is his own), *"Has there not, Mr. President, been a law in the members of this University warring against the spirit of this very resolution? Has not that law been the fear that the members of the medical class would fall off if the spirit of this resolution should be carried out by the Regents?"*

And this on the heels of what Dr. Dunster had just declared, although to be sure he had very properly disclaimed being "authorized to speak for the faculty or to state what their policy may be."

In praise of Dr. Hitchcock, an accomplished physician and surgeon, universally esteemed citizen, it should be added that whatever his animus toward the University might have been—and on the homeopathic question he was to be found in the ultra-conservative group—he voted with the sixty-two. (*See* "Controversies.")

The marvel of marvels is how some of us got a medical education sufficient to "get by" and not completely shrivel up in the company of the learned and luminous. And still every here and there a septuagenarian exists from whom it may be learned, if inquiry is tactfully made, that he has moved along with head erect, and unabashed has put up a bluff of preparedness, profundity, and perspicacity. Was this possibly in the hope of deceiving others as well as himself? And any septuagenarian who enjoyed country rides with a preceptor, whom he assisted in minor surgery, whose mixtures and ointments he compounded, whose patients, critically ill, he nursed on occasions, and to whose philosophic reflections he attentively listened, will feel a distinct thrill in reading this extract from the "History of Medical Practice in Illinois."

"In 1855, the advantages of instruction by preceptors is set forth in the announcement of the College of Medicine and Surgery of the University of Michigan, as follows:

" 'As noted in the previous announcements, clinical instruction, it is believed, is far better imparted in the walks of private practice, especially in that section of the country where the student intends to locate himself, than can be done even in the best regulated hospital. The hasty walks through the wards of a hospital furnish at best but a sorry substitute for the close and accurate study of cases as they occur in the professional rounds of the private practitioner.'

"This statement emanated from such men as Zina Pitcher, Moses Gunn, Alonzo Palmer, C. L. Ford, and Edmund Andrews."

And from a physician, a sometime student in the medical department of the University, comes this tribute to the preceptor:

"Golden days they were for the fledgling on 'buggy rides' with his mentor and friend. The air was sweet, the meadow-lark was tuneful, the farm houses not then subjected to clouds of dust from scurrying automobiles were clean and well kept, the road was, in season, bordered with flowers, the rail fences covered with a tangle of wild grape and bittersweet. A ploughman espying the doctor's horses would leave his own in the field, hurrying to the highway and breathlessly inquire, 'Doc, How's Mrs. . . ." Quite satisfied with the reply, accompanied by an impressive shake of the head and emphasis upon the last word, 'she's sick,' he returned in rueful mood to his labors.

"However, there were moments of gloom and Stygian darkness. Mixing an ointment on slab with spatula, one might spill the preparation, butter-side down, on Dr. Hayden's new carpet. In such an eventuality there would issue from the dear old doctor's mental stores the comforting (?) observation, 'Well I presume in the eternal ordering of affairs that particular thing had to happen to someone somewhere at this particular time. Fate decreed it, but all I have to say is if it *was* inevitable I'm d—d glad it didn't happen to me.'

"From the annual report [1877] of President Eliot of Harvard College we extract the following reference to the medical school. 'The example which this school set in 1871 in reforming the plan upon which medical education had been given in this country has now been followed in part by two other prominent schools—the medical school of the University of Pennsylvania and the medical school of the University of Michigan.' "[23]

Dr. McGraw in his presidential address before the State Medical Society (1888) thought the survival of the "apprentice system" of permitting students to begin their studies in the private offices, and under the nominal tuition of preceptors "is calamitous to the profession, because as a rule with very few exceptions, the preceptor never teaches, and the pupil never learns anything worthy of mention during the relationship."[25]

This might have been true of cities, but emphatically was not of the "outlying districts."

In a biography of David Sturgis Fairchild, M.D., F.A.C.S. of Clinton, Iowa, published in the *Journal of Iowa State Medical Society*, September, 1928, Dr. Walter L. Bierring quotes from reminiscent writings, the following:

"When I reached Ann Arbor in the fall of 1866, I found five hundred and twenty-five students registered in the medical school. Among these were many young men whose course of study had been interrupted by the war, and those whose army hospital experience had stimulated a desire to study medicine. At the close of the Civil War the young men who had taken one course of lectures, or had been inspired to take up medicine during the war, flocked to the medical colleges, for a single course of lectures on which to found a medical practice.

"The average medical college course was generally of sixteen weeks' duration. There were no clinics of instructive value, and no laboratories except the dissecting rooms and some attempt in laboratory instruction in chemistry which was voluntary. The course of medical lectures at the University of Michigan was considerably in advance of the period. It was twenty-four weeks in length, and was practically the only school where any laboratory instruction was required, in that a six weeks' course in chemistry had to be completed before the diploma was granted. Even at Ann Arbor there was no opportunity at that time to use the miscroscope, and the lectures on anatomy and physiology were given by the same professor.

"The usual custom prevailed of having all the students en masse listen to the same lectures. The fees were small, $5 for students residing in Michigan, and $10 for students outside of the state. The income of the University at that time, not including students' fees, was $35,000 annually for the entire University, therefore the faculty salaries were paid by the University. This was quite different from many of the schools then in existence, where all the expenses were paid from the income of student fees. The full faculty generally consisted of seven members: anatomy and physiology; chemistry; theory and practice of medicine; obstetrics and diseases of women; materia medica and therapeutics; surgery and demonstrator of anatomy.

"In 1866 and 1867, two of our most popular professors resigned to take effect at the close of the session, Prof. Moses Gunn, who had been elected to the chair of surgery in Rush Medical College, Chicago, and Doctor Armor to become professor of the theory and practice of medicine in the Long Island Medical College, Brooklyn. I returned to Ann Arbor in 1867-1868 for a second course of lectures, not with the intention of graduating, but from the firm belief that two courses of lectures were insufficient as a reasonable foundation for the practice of medicine. The chair of surgery was now filled by Dr. William Warren Green of Portland, Maine, and the chair of materia medica and therapeutics by Dr. Frothingham, who later became the first professor of ophthalmology and otology in the University. Both these chairs were well filled, and I looked forward to the session of 1868-1869 for the completion of my student days, and a diploma authorizing me to practice medicine, of which I knew so little.

"At this time the homeopathic questions became more acute on account of the establishment of a homeopathic department, and the appointment of homeopathic professors. The result of this action was the resignation of the entire medical faculty, and this threatened to seriously damage the good name of the medical school. The uncertainty existing at the medical school, led me to look over the field of medical colleges, and finally select the Albany Medical College which had a very good reputation in our section of the country. I therefore matriculated in September, 1868, and graduated December 23, 1868."

Dr. V. C. Vaughan[1] pays high tribute to the scientific spirit prevailing in the original Board of Regents of the University, appointed in 1837 by Governor Mason, "at a time when classical and humanistic studies still dominated New England Universities." This was determined by the presence in the Board of two real scientists, Henry R. Schoolcraft and Dr. Zina Pitcher, who "evidently knew what they were doing."

As mentioned, the first appointment to a professorship was that of Dr. Asa Gray, "a graduate of the medical school founded by the Board of Regents in the state of New York and located in the village of Fairfield, Herkimer County, in 1812. Doctor Gray was appointed professor of botany and zoology in 1838, and was commissioned by the Regents to go to Europe and collect scientific books and a herbarium. In 1842 he resigned this position without ever giving instruction in this University and became professor of botany in Harvard and won for himself the distinction of being the supreme authority on this subject in this country, a position which he maintained throughout his life. When he resigned from this University in 1842 Dr. Abram Sager was selected to fill his place. Before this Dr. Sager had served as chief of the botanical and zoological department of the Michigan State Geological Survey."

"The second appointment showed the same appreciation of scientific work indicated by the first. Doctor Douglass Houghton, at the time head of the Michigan State Geological Survey, was in 1839 made professor of chemistry, mineralogy and geology. Like Gray, Houghton never gave instruction in the University but made collections for the museum."[1]

"Connected with the University there is also an important Museum of Anatomy and Materia Medica. The valuable collection made by Professor Ford in the course of many years of scientific labor, has become the property of the University . . . This portion of the museum embraces a collection of bones designed to illustrate healthy as well as diseased conditions, also the various changes from infancy to old age."[16]

Vaughan believes that the ideals displayed in the founding of the University of Virginia were influential in Michigan and that "the details followed in the development of the two universities are too similar to have been accidental."

"It will be seen from what I have said that during the forties two of the strongest men on the University faculty had been trained scientifically and had medical degrees. These were Abram Sager and Silas H. Douglas, and they constituted the leaven in the Faculty which led to the development of the medical school. The departments of literature, science and the arts had been organized in 1837 and the charter indicated that the law department should be the first professional school provided for, but this did not happen. The law school was not organized until 1859 and I at least can see plainly the reason why the Medical School took precedence. One cold, snowy February day in the late forties there arrived in Ann Arbor a young man who was to become a tower of strength to Sager and Douglas in their efforts to provide for a medical school. This newcomer, in my opinion, was inferior to both Sager and Douglas, certainly to the former, in both native and acquired ability in scientific work, but he had a strong personality and a genius for organization and constructive work. While a student in a medical school at Geneva, New York, he read about the organization of the University of Michigan and the provision that a medical department would, sooner or later, be attached to this institution. Immediately on receiving his medical diploma he started for Ann Arbor, carrying in his grip several dissecting cases and, among his grosser impedimenta, a box of suspicious shape and size and unmarked content.

"On arriving in Ann Arbor he hung out a shingle offering his surgical skill to the public and more discreetly he let it be known to the University students that, in his back office after a certain hour, he was prepared to initiate any of them, who might have the profession of medicine in view, into

Old Medical Building, University of Michigan the mysteries of the structure of the human body. He was soon recognized as a most desirable addition to the small group of intellectuals then constituting the faculty and student body of the University. There is no record of his surgical success as a private practitioner but his class in anatomy was soon in a flourishing condition. His best students in his back office were Robert Kedzie, who later became the distinguished professor of chemistry in the Michigan Agricultural College, and Edmund Andrews, who, in later life, became the leading surgeon of Chicago, one of the founders of the first graded medical school in this country, the Chicago Medical College (now the Medical School of Northwestern University), and recognized as an authority both here and abroad on the geology of the Great Lakes. This newly arrived ally to Sager and Douglas in their attempts to hasten the organization of the Medical School was Moses Gunn."[1]

Dr. Edmund Andrews was one of those who organized the medical department of Lind University, an institution that later became the Chicago Medical College.[13]

"Urged no doubt, by Sager and Douglas, with Gunn's outside help, the Board of Regents, in 1847, appointed a committee with Doctor Pitcher as chairman whose duty it became to consider the expediency of organizing a medical department and to ascertain the expense that would be incurred should such a step be taken. In January, 1848, this committee made a favorable report which was supplemented by a more detailed communication to the Board of Regents in January, 1849. The last mentioned report went into detail concerning needed buildings, equipment, the selection of a faculty, entrance requirements for students, length and character of course, and other matters. Doctors Sager and Douglas were transferred to the embryo medical school, and Sager made dean, or, as the title was, president, and continued in this office for twenty-five years, or until he resigned in 1875. In July, 1849, Moses Gunn was made professor of anatomy and surgery, and in January, 1850, J. Adams Allen was appointed professor of physiology and pathology and Samuel Denton, professor of the theory and practice of medicine. On the first Wednesday in October, 1850, the first session was opened by addresses by Doctor Sager and Regent Pitcher. Thus the school was begun with nothing to occupy the time and energy of the students save lectures, quizzes and a short course in anatomy. In fact this schedule constituted the curricula of all medical schools in this country at that time. Fortunately there were two men on the original faculty whose foresight and wisdom did not permit the school to remain long in this primitive condition. These were Doctors Douglas and Gunn. The former began laboratory instruction on his appointment in 1844 and soon secured from the Regents a fund sufficient to erect a small, one-story laboratory and in this the students were soon busy in a field heretofore unknown and unvisited by medical students in this country at least. This small laboratory, well equipped for the times, grew year by year until it soon became the largest and best equipped chemical laboratory open to students in this country.

"The University of Michigan medical school was from its start a scientific, in contradistinction to a practical or clinical, institution. This was not altogether due to preference on the part of its founders and professors, but was a necessity. For twenty-five years it had no hospital—not a building which by any stretch of courtesy could be so denominated. The task of developing clinical facilities fell upon Doctor Gunn and was heavier than that resting upon the shoulders of Doctor Douglas. Indeed for many years the critcism of the school of most weight was that it had no hospital connection."[1]

"In fact for many years Michigan University medical school was the only successfully managed institution of its kind supported by the state. The University of Pennsylvania was a state institution in name only and for many years received no grants from the state."[1]

"When the medical school opened in 1850 Gunn, with Kedzie, Andrews and other back office students, took charge of anatomy and taught it thoroughly. In 1854 Gunn was able to keep his promise to Ford and the latter was called to the chair of anatomy, which he held for forty years. After giving his last lecture on 1894, Ford fell from an apoplectic stroke on his way home and ~~died~~ a few hours later.

"During the last century there were many great teachers of descriptive anatomy and among these Ford's name did not stand at the bottom of the list. He never practiced medicine and was a full time teacher throughout his life. His services as a teacher were in great demand, and until within a few years of his death he gave two courses annually, one at Michigan and one in some other school. He knew anatomy, both human and comparative. He lived it and he taught it in a way that held the individual attention of every student. He not only taught the subject but he awakened a love for it in his hearers."[1]

In July, 1878, Dr. William Brodie, Detroit, and Dr. H. O. Hitchcock, Kalamazoo, were appointed by the Board of Regents as medical examiners to "report to the Board of Regents the names of such candidates for graduation as they may deem worthy."[23]

Dr. T. A. McGraw of Detroit "was invited to occupy the chair of surgery in Michigan University during the session of 1871 and had occasion to study in that institution the conduct of a State institution by State authorities."[18] ("The Medical Schools of the Last Half-Century.")

He writes: "My experience in Germany made me extremely dissatisfied with American methods, and I entered upon many discussions with my University of Michigan colleagues about possibilities of improvement. It soon became evident that the faculty, composed of men of great personal integrity and of high cultivation, were all anxious to change conditions which were intolerable. Ann Arbor was at that time a small village, and the University teachers could not add much to their meagre salaries by outside practice. All of the medical schools of the United States required for admission a primary school education, but unfortunately all were accustomed to take that for granted. The faculty of the department of medicine of Michigan University desired most earnestly to insist upon higher qualifications in its matriculates, but feared lest it would diminish the classes and consequently the revenue. They would have liked to divide and grade the classes, but there was not income enough to pay the extra professors.

"The clinics were small and very unsatisfactory. I had, as surgeon, enough material for a weekly clinic, but had no proper place to treat patients after operation. If the medical department was to continue in Ann Arbor a hospital was urgently necessary, but the state refused to grant the means. I soon found out that the State of Michigan, while pretending to teach medicine, did nothing of the kind. It offered the Regents the use of certain buildings for that purpose, but means of conducting the institutions must be obtained from the fees of students, and as the fees were extremely small, the classes must be large if the school were not to die of inanition. It is hard for those who are acquainted with the great University of Michigan as it is today to realize, what time, labor and education it required to make the people understand that it was impossible to carry on a great institution of learning without money. I discussed the matter with legislators. The stereotyped reply was, why should people be taxed to educate doctors? To the laity, the medical department of the University, with its two or three hundred students, was considered a great success. Why not let it alone? The reason for this attitude on the part of the people was their inability to understand the necessity of changing long habits of thought. It was something unheard of, in England, Scotland and America, to tax the people for such purposes. Besides, the average intelligence of the communities was not equal to evaluating matters of higher education. There were at that time no high schools, and the universities and colleges were, without exception, merely very indifferent high schools masquerading under more imposing names. It was impossible to get laws passed which would regulate practice, and the streets were full of practitioners who had no understanding whatever in medicine. The advertising quack was held, often, in much higher admiration than the learned physician.

"It was not to be wondered at that such a people should become impatient of importunity and should try to find ways of satisfying such voters who, though in a small minority, insisted upon the public necessity of higher institutions of learning. The people of the United States practically solved the matter for a time by passing general laws which permitted the easy establishment of all kinds of colleges. It was wonderful the unanimity of the American states in refusing to interest themselves in professional schools and in thrusting this duty upon individuals. While the laws of the various states differed in detail, their purpose and result was to encourage the formation of private corporations which would assume this function without expense to the government."

Vaughan writes that the medical school from the start was a scientific rather than practical or clinical institution. This was a matter of necessity inasmuch as during the first twenty-five years of its existence it had no hospital. This defect was emphasized even by some of its most notable graduates. The Detroit school on the other hand laid great stress on the opportunities afforded for a practical training in medicine and surgery. Whatever may be said of the defects of the Detroit College of Medicine in the purely academic studies its facilities for training in the practical aspects of medicine and surgery have been of a high order. Vaughan further relates that even though Michigan early inaugurated professional training in medicine the very venture was subject to long and recrudescent debate. The negative element who maintained that it was not the function of the state to provide professional education, were able to retard the progress of the institution. At present there is no opposition worth mentioning to professional education of any kind. Care for the health of the people is the first obligation of any government.

In fact the trend of education during the past few years has been towards the fitting of young people to make a living. The idea of an education "good in itself" advocated by Carlyle and Ruskin a generation ago, does not apply today. We not only teach bookkeeping but also bricklaying and advertising and tool making, and Greek is passing into the discard.

Mention has already been made of some of the towering figures that witnessed the birth of the new medical school in 1850. Among the later men must be mentioned Corydon L. Ford who filled the chair of anatomy for a period of forty years, from 1854 to 1894. Ford was born in 1813 in the State of New York. An attack of infantile paralysis in early life left him unfitted for physical labor. His early manhood years were spent in teaching school. During the intervals of teaching for eight years he studied medicine with a number of doctors. His formal medical education was procured at the medical college at Geneva, New York. Here he supported himself while pursuing his studies by serving as librarian and as curator of the museum. He obtained his M.D. in 1842 and was immediately appointed demonstrator of anatomy in his alma mater. In the year 1847 he was appointed demonstrator of anatomy in the Buffalo medical school, and seven years later he joined the faculty of the University of Michigan as professor of anatomy and physiology. He was a great teacher of anatomy, a full time professor who did not engage in the practice of medicine. His knowledge of anatomy both human and comparative was very complete. He possessed that unique ability that he was able to inspire others in the "dry bones" of his subject. He was dean of the University medical school in 1879-1880 and again from 1888 to 1891. He died of apoplexy after a very brief illness in 1894.

The clinical facilities during the first quarter of a century consisted of ambulant patients brought to Ann Arbor by physicians of the state for free consultation, provided they submitted to demonstration before the students by the clinicians connected with the college. In this way physicians of the state were able to secure consultation at nominal or no expense to the patients, and were able to improve their own diagnostic skill while the student onlooker profited by the discussion.

In 1854, the year in which Corydon L. Ford joined the faculty, the school was enriched by Alonzo B. Palmer, who taught internal medicine. His title was "Professor of Materia Medica and Therapeutics and Diseases of Women and Children." After coming to Ann Arbor he relinquished general practice which he had carried on successfully for some years in Chicago. His time in Ann Arbor was devoted entirely to clinical teaching. Vaughan speaks of his extensive background in English literature. He excelled particularly as a student of Shakespeare. He was essentially a teacher and was never so happy as when he was before a class of students. He emphasized the importance of diagnostic aids and drilled his classes in the use of diagnostic instruments of precision. Palmer was the author of a voluminous work on Practice which was published shortly before his death in 1887.

"Dr. Ford is the author of 'Questions in Anatomy, Histology and Physiology,' 'Questions on Teeth' and 'Chart of the Muscles of the Human Body.' "[16]

It seems that the "design of these works is to aid the student in acquiring knowledge of the subjects treated." This is a point desirable to stress; otherwise the purpose of the manuals might be misapprehended.

MEMOIR OF PROF. ALONZO BENJAMIN PALMER,†
M.A., D.D., LL.D.

Dr. A. B. Palmer was born in Richfield, Otsego County, New York, on the sixth day of October, 1815, and died in the seventy-third year of his age, on December 23, 1887, at his residence in the City of Ann Arbor, Michigan. His ancestors were from New England.

He graduated in January, 1839, at the College of Physicians and Surgeons of the Western District of New York, Fairfield, Herkimer County, and opened his first office in the same year in Tecumseh, Michigan, where he spent eight years in the practice and study of medicine. During the winters of 1847-1848 and 1848-1849, he again attended lectures at New York and Philadelphia. In 1850 he removed to Chicago, and for two years was associated with N. S. Davis in general practice. In 1852 he was appointed city physician, and was the official medical adviser of the health officer of the city during the fearful epidemic of cholera. His report of this epidemic formed a valued contribution to the knowledge of cholera.

In 1852 he was appointed professor of anatomy in the University of Michigan, but he first entered on duty as professor of materia medica and therapeutics in 1854, and gave instruction in these branches with most complete satisfaction for six years. In 1860 he was appointed professor of pathology and practice, which professorship he occupied until his death, lecturing and attending to his clinic to within twelve days of his death. His success in this chair has largely contributed to give the University a reputation wherever medical science is taught or valued. His powers of endurance and capacity for labor seemed to be equaled only by anxiety to employ every means that could promote the welfare of students, and that the instruction should be complete. During the session of 1860-1861, Dr. Palmer gave 193 lectures. In 1863 he was also appointed to the chair of materia medica and practice in the Berkshire Medical Institute, Massachusetts. In 1869 he was appointed to the chair of practice in Bowdoin College, Brunswick, which chair he held until 1877; the extension of the course at Ann Arbor required his full time at the University.

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†Abstract from Prof. C. L. Ford's memorial discourse, April 8, 1888, and memorial tribute from Senate of the University of Michigan, University Hall.—C. Georg.

Dr. Palmer was one of the founders of the present Michigan State Medical Society, and was president of the Society in 1872.

In 1858 he gave clinical instruction in St. Mary's Hospital, Detroit. His desire was to supplement instruction at Ann Arbor by a special post-graduate training in the practical branches; but embarrassments in the way of success could not be overcome, and his effort was not resumed another year. In 1859 he spent several months in Europe in medical observation and improvement, the results of which he highly prized, and by which great numbers have profited.

At the outbreak of our late Civil War Dr. Palmer was early in the field as surgeon of the second regiment that went from this state, and saw almost the first blood shed in that protracted contest. He returned to his duties here at the opening of the session, and subsequently went to the army only on some emergency demanding an increase of medical attendance. His services in that great struggle were mainly in the matter of educating others, numbers of whom went from the college to duty in the field or in the hospitals, many of whom bear sad traces of the perils and hardships endured, while others swell the roll call of the dead.

The University Senate rendered the following memorial tribute to the deceased:

During his long service—which almost covers the life history of the department of medicine and surgery—and engaged as he was in teaching therein several branches of medicine, he had a large influence in shaping the general policy of the medical department, and contributed very materially to its unbroken success; and it was his rare good fortune to see the college, which had started as a feeble organization, limited in patronage and weak in influence and power, steadily develop into one of the largest and most prominent medical colleges of the country, and to realize that he could, with strict justice, assume to himself no little credit for his efforts in contributing to this end.

Dr. Palmer's devotion to teaching was remarkable; it was not simply a duty, nor was it a labor perfunctorily gone through with in obedience to the requirements of the position he occupied, but it was the inspiration and the chief pleasure of his life. Actuated by those motives, it creates no surprise to know that his fondness for the lecture room was something phenomenal. And so, whenever from illness or other exigency, a colleague was temporarily absent, he was ever ready and glad to step in and fill the hour, as it enlarged his opportunity for engaging in his favorite work.

In the different colleges in which he was engaged, it is probable that from eight thousand to ten thousand students have sat under his teachings. The large majority of them entered into practice, and it is simply impossible to estimate the influence which our late colleague must have exercised upon the working members of the medical profession in this country, and it is simply appalling to think of the limitless disaster that must come from one not governed by high and manly motives, and pure and elevating principles, in association with such a large number of young men. But there can be no doubt on this score in Dr. Palmer's career, for he was pre-eminently a man of principle. His Christian life and character were beautiful and elevating in effect, and they were known and read by every one who came into association with him.

Outside of his chief work as a teacher, his fixed principles led him to other efforts at doing good. He was a stern and uncompromising opponent of the use of alcoholic or other stimulating or narcotic agents. His devotion to fixed convictions of duty in these matters was firm and constant, and so he was always found in the front rank of the workers for reform, urging with all his strength others to join in the work, and encouraging by his advice, his personal example, and his aid in supporting organizations formed for such purposes. No one for an instant could question his sincerity and his honesty of views, and, while they may not always have carried conviction, they invariably commanded respect for the advocate, and admiration for his devotion to principle. This mental characteristic led him to an earnest opposition to what he deemed erroneous views in ethics, in science, or in medicine.

In the literature of medicine Dr. Palmer contributed many fugitive essays of interest and value. Beside these, he published "Lectures on Homeopathy" in permanent book form, and a text-book for schools, entitled "Temperance Teachings of Science," which has had a wide circulation. As the crowning work of his life, he published, in two large octavo volumes, a complete treatise on "The Science and Practice of Medicine." In preparation for this work he was many years collecting material, and just previous to the immediate work of composition, he spent over a year in Europe, in the college and hospitals, to avail himself of the most recent advances in medical science and art. It will remain a monument to his industry, his ability, and his devotion to duty, and his intense desire to aid in the advance of the study and work of his life—practical medicine.

The esteem in which his ability and attainments were held by his brethren in the profession, is indicated by the fact that in the International Medical Congress, which recently met at Washington, he occupied the important position of chairman of the Section of Pathology, and in that capacity gave an address in the general session of the Congress; and in the American Medical

Association he held at the time of his death the position of chairman of the Section on the Practice of Medicine.

The members of the University Senate, with a profound sense of the loss which they have suffered in the decease of their venerable and eminent colleague, desire to express their deep and tender sympathy with his bereaved wife.

Dr. Alonzo B. Palmer was "a great teacher of internal medicine," writes Vaughan.[1] "Palmer was a graduate in the class of 1839 of that large school known as the College of Physicians and Surgeons of Western New York. After some years as a village doctor, Palmer went to Chicago, became a partner of that Nestor of American medicine, N. S. Davis, and soon acquired a large, varied and remunerative practice. From Chicago he came to Ann Arbor in 1854 under the inclusive title of 'professor of materia medica, therapeutics and diseases of women and children.' How all-embracing and far-extending this title seems today, but if any man was in 1854 competent to give instruction in all these branches it was A. B. Palmer. His knowledge of medicine for that time was encyclopedic, as his diary, published by his wife after his death, will convince anyone who reads it. Nor was his learning confined to medicine. He knew English literature, was devoted to Shakespeare and graced the most intellectual society in both this country and in England. However, even surpassing his wisdom was his readiness to impart it. He delighted in talking to students, and no colleague had any difficulty in inducing him to fill an hour. I have known him to fill two consecutive hours, and still be ready for the third. He did no general practice and would readily forego a consultation and the fee that might be attached to it if he could lecture. I must say that he continued to the end a diligent student, reading current literature and keeping posted, if not always fully appreciative of the latest advances in medicine. From the beginning of his work as a teacher he was as scientific as one could be at that time in methods of diagnosis. He drilled his students *ad nauseam* in the employment of instruments of precision; auscultation and percussion were not only his favorite hobbies, but in their use he showed great skill. I remember how proudly he exhibited to me the first laryngoscope I ever saw."

He was appointed in the spring of 1861 surgeon of the Second Regiment Michigan Volunteer Infantry and served until September; was ranking surgeon at the first battle of Bull Run and "dressed the first wound inflicted by the enemy at Blackburn's Ford on July 18." He received the degree of M.A. from the University of Nashville in 1855, traveled in Europe visiting medical schools in 1859, was appointed professor of pathology and practice, Berkshire Medical College 1864 and in 1869 to the same position at Bowdoin.

"During the whole of his professorship he has been a decided antagonist of the use of alcoholic liquors and other narcotics, whether tobacco or opium, and has often taught the evil effects of tea and coffee when used as stimulants."

From 1852 to 1859 he was a member of the editorial staff of the *Peninsular Journal of Medicine* and has been affiliated actively with state and national medical organizations.

His medical writings, numerous and interesting, are elsewhere mentioned. He advocated "the use of free antipyretic and antiphlogistic doses of quinine."[16]

His presidential address before the Michigan State Medical Society in 1873, dealt with "Law and Intelligence in Nature and the Improvement of the Race in Accordance with Law." The following are extracts therefrom:

"The name, Physician, indicates our proper relation to the physical sciences, and intimates, as our study and experience prove, that our knowledge should embrace the general laws of matter and force, and it must be true that in proportion as we have large conceptions of Nature, and acquaintance with her varied processes, will be our ability to understand the principles of our profession and to perform its duties.

"No doctrine or theory, true or false, rational or absurd, in medicine or anything else, can be pooh-poohed down. It can in no manner be silenced by standing upon dignity. We have tried this method, chiefly, it is true, from disgust, with some of the greatest absurdities the human mind has ever conceived and those absurdities have flourished and spread—by what means I shall now refrain from declaring—until they have invaded many of our highest circles.

"One of the most striking intellectual characteristics of the present age is the rejection of ancient authority which does not justify itself by the most frequent and open appeals to reason and by the accumulation of the most substantial proofs. To many, the sanction of such 'authority' is a signal for the rejection of almost any proposition. With such, any *new* dogma or one rejected by those who ought to be best qualified to judge receives the most ready and hospitable entertainment without regard to evidence, to sense, or absurdity."

"There is nothing in the evolution theory as I understand it, even if there be included in it the change of non-living matters into living, which in any way excludes divine action or the doctrines of Providence, general or especial.

"But it seems to me and to many who accept as I do, provisionally at least, the general doctrine of evolution, that the conviction cannot be resisted that there is an *Intelligent Power* acting through and controlling the laws of habit and variation. . . .

"While there are many things in the organic world that may be accounted for on purely physical principles, there are others which require the supplementary power. For instance, before the first mammal was born, in the process of development and of nature, there must have been a mammary gland in the parent provided for its sustenance. . . .

"All things are within the nature of causation and of law and at the same time nothing is without the sphere of the All-pervading Intelligence.

"Though the principle of natural selection operates beneficially with the lower animals in a state of nature, reducing all to the fittest types for the selfish struggle for existence, the full action of such a principle is impossible in human society; and if it could be applied, it would destroy all benevolence, all self-sacrifice, all respect for the interests and rights of others.

"This view of nature of the reign of law and of the character of human society should give us clearer conceptions of our duties and responsibilities. We should ever bear in mind that our mission is not merely to mitigate present suffering but to prevent future evil; to promote the highest good of our fellow-men; to purify and elevate the human race."

Through the address he has shown the determining influences of habit and heredity and emphasizes this near its close—"We should never forget that *habit* physical and moral or tendencies to their indulgence are transmitted: that evil habits as well as good are cumulative, their strength and persistence becoming greater with time . . . and it is criminal to entail any evils upon posterity which care and self-restraint can avoid."

All in all the address is a highly philosophical and suggestive lay sermon.[25]

"After practicing ten years in the village of Tecumseh, Michigan, following his graduation in 1839 from the College of Physicians and Surgeons of Fairfield, New York, in which State he first saw the light (at Richfield) in 1815, Dr. Palmer, like others before him, heard the call of the general and left the country to join Dr. Brainard's force of instructors at Rush Medical College.

"He arrived among the early great in Chicago in 1850. His presence was soon felt, for he had the prerequisites of a great teacher. So manifest were his qualifications that the student body induced him to give lectures outside of the classroom, in addition to the regular instruction. The city fathers heard of his ability and engaged him as city physician and medical adviser to the health officers in 1852. To represent the Chicago Medical Society, which he had helped to organize, he was sent as delegate to the American Medical Association's meeting in Richmond, Virginia, in 1852.

LEAVES CHICAGO TO TEACH IN THE UNIVERSITY OF MICHIGAN

"Dr. Palmer's ability as a teacher soon attracted the attention of the trustees of the University of Michigan, where he was tendered the chair of materia medica and therapeutics, accepting it in 1854. Not wanting to become too one-sided in teaching, Dr. Palmer sought, and was given the chair of pathology and theory and practice of medicine, which he held until his death in 1887. Several years before his death he held the position of dean of the faculty, and the institution, in recognition of his services to the University, bestowed the degree of LL.D. upon him when he completed the thirtieth year of his connection with the school. As a fitting tribute to his memory, his widow, who was Miss Love Root, of Pittsfield, Massachusetts, before marriage, endowed the Palmer ward of the hospital of the University of Michigan."[13]

"A second edition of this little work so soon shows that there is desire for light upon the subject matter," writes a reviewer in *The Detroit Clinic* (1882), of Dr. A. B. Palmer's "Homeopathy, What is it." In the same review there is the announcement of his forthcoming "Treatise on the Science and Practice of Medicine."

To the reviewer in Dr. Mulheron's Journal, *The Michigan Medical News*, Dr. Palmer's "Treatise on Practice" seemed "a trifle too didactic" and that " 'the professorial tone' pervades it and while one reads its pages, somehow one gets the idea that he is listening to a lecturer and not perusing a printed book." Objection is offered to Dr. Palmer's dogmatic manner of discussing the matter of cholera, of views "so deliberately formed and so firmly held that nothing I have since [in thirty years] seen has materially changed them."

"It should not be judged from this," quoth the reviewer in a sort of pseudo-commendation strongly suggestive of Mulheron's own writing, "that Dr. Palmer presents absolutely nothing new in his treatise, because he has incorporated in it the most advanced views by the best thinkers and the results of original research by the profoundest observers of the age; so thoroughly incorporated them that they appear almost like his own."

The beauty of diction is conceded and although the above savors of faint praise, the prediction is made that the book "will give new lustre to an already well-earned fame," and the hope is expressed that a second edition will shortly appear.

A review of Dr. A. B. Palmer's "Science and Practice of Medicine"[6] is in the main appreciative but the following nosed in:

"As illustrative of the author's style and positive statement in an unknown field we quote the following: 'Taking cold, exposure to cold, and often to moisture, when applied to particular parts of the body, are considered among the most frequent causes of internal inflammation. Such exposure produces its effect by an impression upon the cutaneous surface, making an irritating impression on the nerve filaments, which is conveyed to other parts by reflex or sympathetic action, by checking respiration and the retention of effete matters, and by the driving of the blood to internal organs diminishing the circulation in the external plane."

Dr. H. F. Lyster of Detroit was appointed in 1879 "to fill the chair of practice of medicine (regular) at the University of Michigan during Dr. A. B. Palmer's absence in Europe. He will receive a yearly salary of $2200."[6]

"Dr. Henry F. Lyster, of Detroit, whose death came with a shock to almost every physician in the state, 'one of God's noblemen,' was so well known to the profession, but for record it would be needless for me to make any comment. For five years before his death the doctor suffered from anemia. He was on his way to Santa Fe, New Mexico, seeking benefit by change of climate, accompanied by his wife, his son, Dr. William J. L. Lyster, and Dr. C. G. Jennings. As the train neared Niles, Michigan, the doctor fainted. All efforts to revive him failed, and he died without regaining consciousness, October 4, 1894. He was a man of commanding figure, kindly presence, of high literary and medical attainments, and considered one of the leading physicians of Detroit. His counsels were sought by many physicians in Detroit and throughout the state. Dr. Lyster has filled many positions of honor. He was, at one time, a member of the State Board of Health; was editor of the *Peninsular Journal of Medicine*; was president of the Michigan College of Medicine; has always been a member of the faculty of the Detroit College of Medicine, and was always its treasurer, and was at one time lecturer on the Practice of Medicine in the University of Michigan, and was professor of surgery in 1868-1869. He belonged to the Michigan State Medical Society, the Wayne County Medical Society, the Detroit Medical and Library Association and the American Medical Association. Dr. Lyster was a great writer upon the subjects of his profession. By his death the medical profession has sustained a great loss, as well as has the medical world. The resolutions of respect presented by the Detroit College of Medicine will appear in the proceedings of this Society."[25]

Moses Gunn, who tried for sixteen years to develop a surgical clinic in Ann Arbor, left to become professor of surgery at Rush Medical School, Chicago. Gunn was succeeded in the Michigan Medical School by Dr. W. W. Green, said to be one of the first in this country to operate successfully on goiter.

"The Knell of Listerism" was sounded in London[23] after the reading of a paper by Sir Spencer Wells who "took strong Listerian grounds and said that now he had given up drainage altogether, so great was his faith in antiseptic surgery." Mr. Keith closed the discussion. " 'True,' he said, 'I had eighty successive recoveries under Lister's method and *stopping* there it would be a wonderful showing. *But out of the next twenty-five, I lost seven.* One died of acute septicemia, in spite of the most thorough antiseptic precautions; three of unquestionable carbolic acid poisoning; one of renal hemorrhage.' "

Mr. Lister in closing said he "was not yet ready to give up the spray" and "as to carbolic acid" he was "forced to admit its unfortunate character." "My God, I would never have believed Professor Lister would have admitted that," said one, and a "German whom I did not know" exclaimed, " 'Mein Gott, Lishterism ist todt. Fort mit dem Spray? Fort mit dem Acid Carbolique? Was gibt's zu bleiben."

The foregoing are excerpts from a letter from London by Prof. William Warren Greene of Portland, Maine, who "was well and favorably known as a surgeon teacher and writer." His sad death and burial at sea on his way home from the International Medical Congress "will shock the many practitioners of this country, who as students enjoyed the privilege of listening to his lectures. Those of our readers who attended the University of Michigan in 1867-1868 will recall his earnestness and eloquence and geniality and will drop an honest tear for his memory."[23]

George E. Frothingham, a graduate of the school and demonstrator in anatomy, was the first professor of ophthalmology. He contributed greatly towards the developing of the surgical clinic. A great teacher is known by his ability to inspire others to greatness. Judged by this standard Dr. Frothingham is entitled to a place in the beadroll of fame.

Dr. Donald Maclean joined the faculty in 1872, coming to Ann Arbor from Queen's University, Kingston, Canada. Maclean was born at Seymour, Ontario, in 1839. He received his early education in the local schools and at Queen's University, Kingston, Ontario. After graduation he taught school as a financial stepping stone to advancement in his chosen calling. A great many Canadians have got into the learned professions by this method. There is a self-training in a few years spent at school-teaching that can be attained in no other way. The old school-teachers after graduating in medicine make the best medical teachers. Maclean entered the medical department of the University of Edinburgh in 1858, where he proved to be a close student of anatomy and pathology. After four years he received the M.D. degree from Edinburgh and was appointed house surgeon in the Royal Infirmary; and later he became assistant to Professor Syme, the noted Scotch surgeon. Maclean returned to Canada in 1862 and a year later he came to the United States and served as surgeon in the Civil War. He returned to Kingston, where he became professor of surgery in the medical college. This was in 1864. He held this position until 1872, when he was made professor of surgery in the University of Michigan medical school. Owing to irreconcilable difficulties with the faculty he resigned in 1889 and moved to Detroit, where he built up a large consulting practice. He was at one time surgeon in chief for the Michigan Central and Grand Trunk Railways. Dr. Maclean was president of the American Medical Association in 1894. He was president of the Michigan State Medical Society in 1884 and of the Detroit, now the Wayne County Medical Society in 1887. He was a strong advocate of higher medical education and an uncompromising opponent of quackery and commercialism. He had a broad general education which was manifested in his familiarity with the best in English literature. He was one of the strongest advocates of the removal of the medical school to Detroit on account of the paucity of clinical material in Ann Arbor.

"In 1883, while he was still a member of the faculty of the University of Michigan, Dr. Maclean located permanently in Detroit, where he has since been called to many positions of responsibility and trust. Since 1883 he has been consulting surgeon to Harper Hospital, also to the Children's Free Hospital, and surgeon-in-chief of the Michigan Central and Grand Trunk Railways. He is a member of the American Medical Association (of which he was elected president in 1894), of the Michigan State Medical Society, of which he was president in 1884; of the Detroit Medical and Library Association, of which he was president in 1887; an honorary member of the Medical Society of the State of New York and an honorary member of the Ohio State Medical Society. The Queen's University of Kingston, Ontario, the faculty and trustees of which are intimately acquainted with all the details of Dr. Maclean's life and career, conferred upon him the honorary degree of LL.D. on the occasion of its annual convocation in April, 1893, an honor which up to that time had been accorded to only thirteen individuals, the university having been at that time sixty years in active operation. Dr. Maclean is the author of numerous papers, chiefly upon surgical subjects, which have appeared from time to time in leading medical publications. He is recognized as one of the most noted surgeons in America."[19]

Dr. Maclean said in 1895, discussing papers on urethral stricture and prostatic obstruction, "It is a curious fact that no man from Syme's day to this has beaten his statistics. There is no man who has performed as many cases [*sic*] of external perineal urethrotomy with so small a mortality as James Syme; and that was before the days of aseptic surgery."

Dr. Donald Maclean had seen "a great many cases of rhinoplasty and the results of the cases exhibited by La Ferte are about as good as any I have seen—comparing well with those of Liston and Syme."[25] ("A Case of Rhinoplasty"—Dr. Daniel La Ferte.)

"During the Spanish War [Dr. Maclean] was surgeon and stationed at Old Point Comfort. When assistant to Syme of Edinburgh, he acquired great dexterity in those operations which made Syme famous. As a teacher he commanded the confidence and enthusiasm of his pupils. Of spare build, about five feet ten inches high, with sandy hair, smooth-shaven face, clear blue eyes, firm elastic step, kindly manner, he was a most attractive personality to his friends, and a pillar of strength to the cause he championed. Being a ready writer, forceful speaker, a faithful friend and powerful enemy, he exerted a wide influence. In the controversy between University of Michigan and the Michigan State Medical Society over the introduction of homeopathy into the university, he led the university party. He was a leader in hastening the evolution of the Michigan State Medical Society from a convention with political methods into a society for mutual instruction and fellowship. He married twice. His first wife was a Kingston woman, by whom he had two children; one, a son, Dr. Donald Maclean, Jr., and a daughter. His second wife was Mrs. Duncan of Detroit. Dr. Maclean died at his home in Detroit, July 24, 1903, from heart failure."

His papers included:

Cystic goiter, complicated by epilepsy, Physician and Surgeon, Ann Arbor, Vol. I.
Cases of skin grafting. Ibid., Vol. I.
Malignant tumor of the neck. Ibid., Vol. III.
Tumors of the mammary gland. Ibid., Vol. III.
Carcinoma mammæ. Ibid., 1884, Vol. VI.
Three cases of laparo-nephrectomy. Transactions Ninth International Medical Congress, Vol. I.
Psoas abscess. Physician and Surgeon. Vol. II.
Resection at shoulder-joint for caries and necrosis of humerus. Ibid., 1887.
Radical Cure of Hernia. American Lancet, Detroit, 1887. Vol. IX.
Excision of scapula. Physician and Surgeon, Ann Arbor, 1883.
The treatment of fractures in the light of modern histology and pathology. Chicago Clinical Review, 1893.[4]

"Handsome, bold and dexterous, he [Donald Maclean] conducted his clinic in a dramatic way," Vaughan discriminatingly observes. "In speech he was somewhat hesitating but this was not a defect. In him it was an asset, emphasizing essentials and blocking superficialities. He occupied the chair of surgery for eighteen years and did much to build up the surgical clinic. Among the profession in the state there were many who were devoted to him, and would have the advice of no other when they had difficult cases to deal with. He made many great surgeons, some of whom have surpassed their master. After all, is not this the highest criterion of a great teacher?"[1]

"Like Gunn," relates Vaughan, "Maclean left the University on account of the paucity of clinical material. He urged the removal of the medical school to Detroit with such earnestness that he was forced to resign."[1]

"Dr. Donald Maclean was fascinating, accomplished, thoroughly human, and his presence was a ray of sunshine in any sickroom," writes Dr. C. B. Burr. "In recognition of his ministrations to one of my family I once sent him a modest check. It was promptly cancelled and returned with a note reading thus:

" 'Dear Doctor: When you're as well-to-do as I hope you sometime may be, if then I'm as poor as I expect to be, I will accept this check, but not before.' "[18] ("Why a Medical History"—Burr.)

Dr. Maclean's death occurred in September, 1903.

Two names are inseparably associated in the student-mind of the seventies, that of Maclean and *George Edward Frothingham.*

"George Edward Frothingham, specialist in ophthalmology and otology, was born in Boston, Massachusetts, April 23, 1836, of English ancestry, and his general education was obtained in the public schools and Phillips Academy at Andover, Massachusetts. After teaching for a time, he began to study medicine with Dr. W. W. Greene, professor of surgery in the medical department of Bowdoin College, Maine, and in 1864 received his M.D. from the medical department of Michigan University. After three years' practice at North Becket, Massachusetts, Dr. Frothingham became demonstrator of anatomy and prosector of surgery at Michigan University, but spent some time at the eye hospitals of New York and cultivated eye and ear work at Ann Arbor. As a result, these cases became inconveniently numerous for the surgical clinic and a new chair was formed in 1870 for him as professor of ophthalmology and otology, and to meet the needs of a rapidly changing faculty, he for brief periods filled other chairs too. Thus in 1875 he was professor of practical anatomy; in 1876 professor of materia medica and therapeutics. While living in Massachusetts Dr. Frothingham was a member of the Massachusetts State Medical Society and the Berkshire County Medical Society. In 1874 he was president of the Washtenaw County Medical Society; in 1889 president of Michigan State Medical Society. Until 1889 he was ophthalmologist and aural surgeon to the University Hospital at Ann Arbor; from 1889 consulting ophthalmic surgeon to the Children's Free Hospital and Harper Hospital, Detroit, and during 1869 to 1871 an editor of the

Michigan University Medical Journal. His activity both physical and mental was ceaseless; whatever he undertook had all his power, all his time.

"In 1860 he married Lucy E. Barbour, and had four children. Dr. George E. Frothingham died April 24, 1900, at his home in Detroit from arteriosclerosis.

"The eldest son, George E., Jr., took up his father's specialty and became ophthalmic surgeon to Harper Hospital and clinical professor of ophthalmology in Detroit College of Medicine."

Papers:

A case of epilepsy apparently cured by correction of hyperopia and relief of ciliary spasm. Journal American Medical Association, Vol. IX.

Errors of refraction and accommodation as causes of nervous affections. The Physician and Surgeon, Vol. XIII.

The more dangerous forms of conjunctivitis. Michigan University Medical Journal, Vol. II.

Sympathetic ophthalmia. Transactions Michigan State Medical Society, 1876.

An improved method of extracting senile cataract. Transactions Michigan State Medical Society, 1877.

Indications for the artificial perforation of the mastoid process and best technic. Transactions Ninth International Medical Congress, Vol. III.

Some observations concerning the extraction of cataract without iridectomy and the use of bandage in after-treatment. Transactions American Medical Association, 1888. (L. C.)

History of University Michigan, Ann Arbor, 1906.

Cyclopedia of Michigan, West. Publishing Co., Detroit, 1900.

Knapps Archives of Ophthalmology, Vol. XXIX.[4]

"Dr. George E. Frothingham had a national reputation as ophthalmologist. He built up an enormous clinic at the University and was highly popular with the student body. He was a persuasive speaker, like the physiologist, John C. Dalton."[18] ("Why a Medical History"—Burr.)

"While in Ohio in 1856," Dr. Samuel Glasgow Armor, "stayed long enough to acquire a wife who was Miss Holcomb of Dayton." From Ohio "another leap brought him to the University of Michigan" and "while in Detroit he allied himself with Dr. Moses Gunn as his partner."[13]

Dr. Samuel G. Armor of the University of Michigan medical department, withdrew a previous acceptance of appointment in the Louisville College of Medicine. Later he was given the professorship of therapeutics, materia medica and general pathology in Long Island College.[8]

The University Hospital

The first hospital, a wooden building accommodating one hundred and fifty patients and provided with an operating amphitheater, was opened in 1877. It was a pavilion of the type used during the latter years of the Civil War. It served as a hospital until 1890 and afterwards until 1910 was a classroom and laboratory. Its location was on the space now occupied by the chemical laboratory.

This building was planned by Dr. Edward S. Dunster, who had been an army surgeon and after the war was post surgeon at West Point. After resignation he studied with Sims, Peaslee and Thomas and in the seventies came to Ann Arbor as professor of obstetrics and gynecology. A student in the late seventies writes, "He was fond of quoting Peaslee and did this in a portentous style as 'my preceptor, the late Professor Peaslee of New *Yawrk,* was accustomed to use a sponge.' He was a great stickler for correct English use and impressed upon classes the significance of etymology. One can hear him now 'Kata rheo' (rolling the r) 'flow down' or the iteration and reiteration 'if I could have but one book in my medical library that book would be Dunglison's Medical Dictionary.'"

An example of his excellent diction and logical style will be found in the chapter on "Controversies," where there is record of his discussion before the American Medical Association of a proposed amendment to the Code of Ethics.

"Edward Swift Dunster, M.A., M.D., professor of obstetrics and diseases of women and children in the University of Michigan, died on the third of May [1888], after a somewhat protracted illness. He was born in Springvale, Maine, September 2, 1834. His parents removed to Providence, Rhode Island, where he entered the high school at the age of 12. He entered Harvard College in 1852 and graduated with high honors in 1856. In 1859, he graduated in medicine at the New York College of Medicine and Surgery. He practiced for a while at St. Luke's Hospital and was soon appointed demonstrator of anatomy in Dartmouth College. At the outbreak of the Civil War he resigned his position in Dartmouth and was commissioned Assistant Surgeon, August 5, 1861, in the Army of the Potomac. His great executive ability and methodical work soon brought him into prominence, and he was appointed by General Rosecrans medical inspector for the southern half of the department, where his faculty to systematize work and organize the service made him a most valuable officer. His untiring fidelity, his gentleness and kindness and his high acquirements as surgeon and physician won for him the esteem and confidence of all—whether friend or foe—who came under his treatment. He was breveted Captain and Major. He resigned from the army in 1866, having attained the grade of full surgeon, and entered upon practice in New York. He was one of the editors of the *New York Medical Journal* from 1866 to 1869, and sole editor of this journal from 1869 to 1871. During this time he was also connected with Bellevue Hospital. He filled various positions in the medical faculty of Dartmouth College. He lectured two years in the University of Vermont. From 1869 to 1874 he lectured on obstetrics and diseases of women and children in Long Island College Hospital, and in 1873 he was appointed to the chair of obstetrics in University of Michigan, succeeding the late Professor A. Sager.

"Whether in the position of army officer, lecturer or writer, he always made himself felt as a man of great force, of fine character and highest scholastic attainments. He was greatly interested in the work of advancing the standard of medical education; he gave this matter much study, and was widely known and admired for his clear insight into the subject. At the

New Hospital, University of Michigan

meetings of the various state and national medical societies, and medical congresses, his plain sense of the right, and his clear and forcible manner of stating his views, frequently brought him into the position of mediator. In his views the deceased was never a partisan; in every question that he became interested, his work was actuated by that grandest of all motives of finding out the right, and of leading others to walk in his footsteps. He was always earnest, but never passionate. He had a forcible manner of speaking, and, combined with a free and eloquent flow of language, and a clear and logical view of the question, he rarely failed to win those who sought the truth, and to influence those who were not blinded by prejudice.

"The University Senate passed resolutions reciting the history of Dr. Dunster's life, and saying:

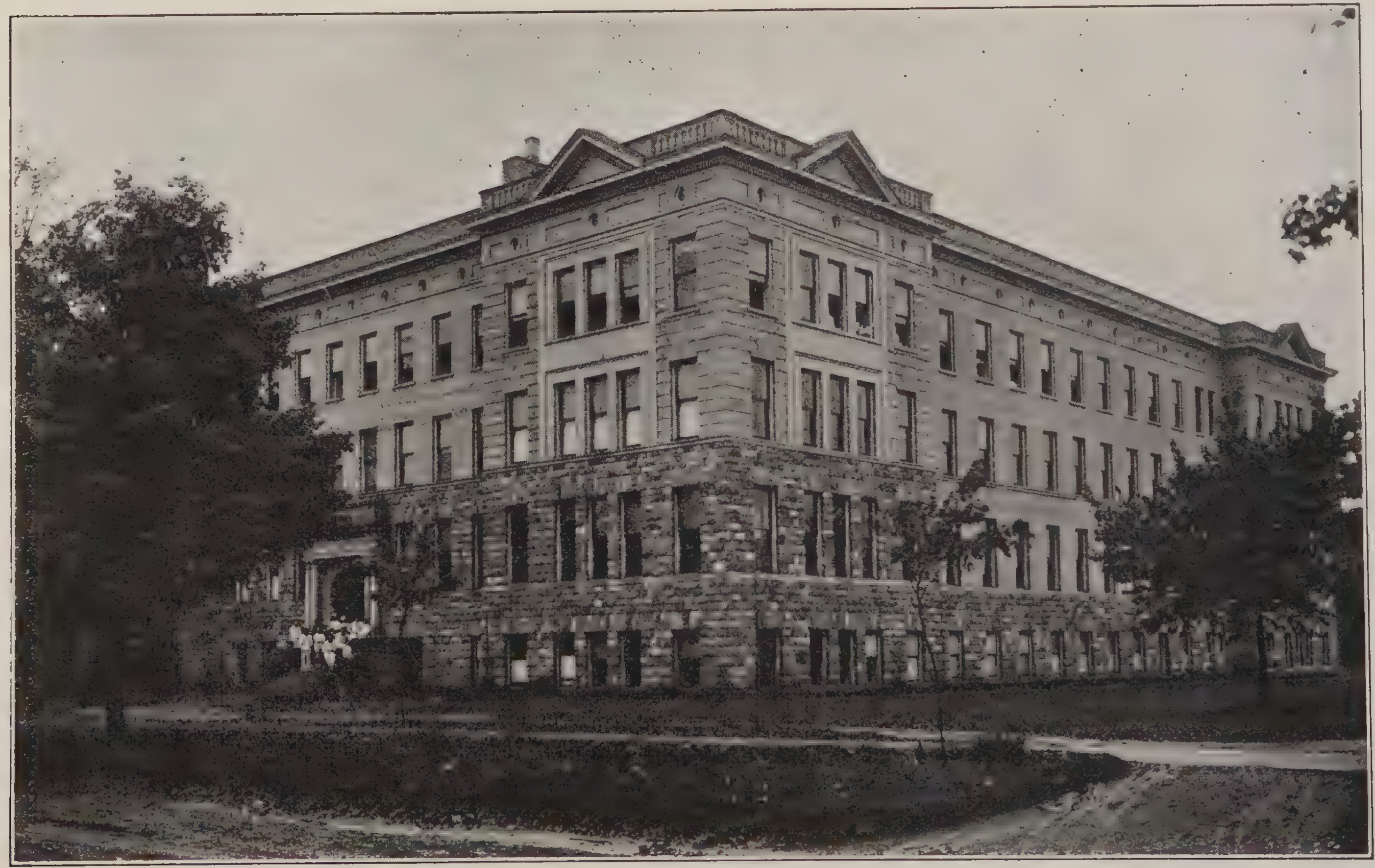
" 'As a teacher in the study of medicine he was at home with his classes, clearly definite in the order of his subject, lucid and forcible in exposition, giving life to his theme, as he spoke directly from the stores of his learning and his personal experience. As a contributor to the literature of his profession he was esteemed for an impartial and exhaustive collection of actual evidence, making an unsparing rejection of extrinsic matter, reaching conclusions only so far as supported by established proofs, and holding a consistent force in the exercise of his judgment.

" 'As a physician he was most sympathetic with the afflicted, kindly, frank in his announcements, true and unswerving in his deductions, a benefactor in numberless households. In educational affairs, as a counselor and an advocate of the interests of the university, he was clear in his propositions, broad in the range of his experience, and vigorous in his pleadings, ever urging the best aims of professional culture. His life of fifty-four years has given good earnest of his direct lineage from Henry Dunster, the first president of Harvard College. To us, the members of this senate, he has endeared himself by the consistent integrity of his personal relations and a most genial bearing in the occasions of daily intercourse. As a senate we desire to extend to the family of our departed colleague our sincere and heartfelt sympathies, while we know that in this time of their most severe trial, consolation and support can only be given to them by the Infinite Hand.' "[25] (Memoir by Dr. Conrad Georg.)

Something evidently went wrong in his relation to the Washtenaw County Medical Society of which he was, in February, 1878, secretary. Conjecturally it was connected with the then lively University-Homeopathy imbroglio. (*See* chapter on "Controversies.") At all events he resigned membership in the society in a curt note in which no words are wasted. The resignation was promptly accepted.[6]

About the beginning of this century the hospital near the Huron River was erected and served until the opening of the new very modern structure in 1926. This last is one of the best equipped hospitals for clinical instruction in this country.

The raising of the entrance requirements to the medical school was



Medical Building, University of Michigan, 1903 fraught with some misgiving. The more timid minds thought the result would be to drive away the prospective student. However, in 1877 the annual session was extended from six to nine months. A whole year was added in 1880. According to the catalogue of 1850, the pre-medical requirements included English grammar and rhetoric, literature, mental philosophy, arithmetic, geometry and sufficient Latin and Greek to enable the student to appreciate the technical language of medicine. *Ecce hodie!*

Dr. V. C. Vaughan's services as dean of the medical school began virtually in 1887 at the time of the death of Dean Palmer. Dr. Vaughan declares in his recent book that while Dr. Ford succeeded Dr. Palmer, the practical duties of the office were turned over to him. In 1891 Vaughan became dean *de facto*. The reader is referred to Dr. Vaughan's book[21] for a detailed account of the vicissitudes of the school under his administration. Probably there is no more complete account of the school extant, covering this period. The selection of men to fill positions on the faculty was left largely to the dean. The factors that determined his choice were broad education and culture as well as productive scholarship.

Dr. Donald Maclean, as it has been stated, resigned in 1889 the professorship of surgery. He was succeeded by Dr. Charles B. de Nancrede, whose services proved very efficient until his retirement in 1917. He died in 1921. Dr. de Nancrede was succeeded by Dr. Darling, who in turn was succeeded by Dr. Hugh Cabot, professor of surgery. Dr. Cabot also succeeded Dr. Vaughan as dean. To proceed would be to record what is contemporary or current history, which the writer assumes is hardly the function of such a work as this.

Dr. Reuben Peterson of Ann Arbor paid in the Washtenaw County Medical Society, June, 1921, "a glowing tribute to the valuable and distinguished services of [the] great surgeon," Dr. de Nancrede.[18]

Dr. Charles B. de Nancrede (1847-1921) born in Philadelphia, was graduated from the medical department of the University of Pennsylvania in 1869. He practiced in Philadelphia and held various chairs and hospital appointments there. In 1889 he was appointed professor of surgery at the University of Michigan, which position he held until about four years ago [1917] when he resigned.

In the Spanish-American War Dr. de Nancrede was major and chief surgeon, U. S. Volunteers, in the Santiago campaign.

He was a member of the American Surgical Society (ex-president), American Medical Association, Michigan State Medical Society, Pennsylvania State Medical Society, Ohio State Medical Society, Colorado State Medical Society, Saginaw Valley Medical Society, Toledo Medical Society, American Academy of Medicine, and International Society of Surgery. He was a corresponding member of the Royal Academy of Medicine of Rome.

He was the author of "Principles of Surgery," and a contributor to International Cyclopedia of Surgery, Wood's "Hand Book of the Medical Sciences," Cyclopedia of the Diseases of Children, Cyclopedia of Diseases

New Medical Building, University of Michigan
West Front. 1925.

of the Nose and Throat, Dennis' "System of Surgery," Parke's "Treatise on Surgery," and "American Practice of Surgery."[18]

Dr. Hubert Work, at the time president of the American Medical Association, is quoted as saying in 1920, of Dr. Victor C. Vaughan—"You all know that Dr. Vaughan is already known as the greatest man in American medicine in Michigan, and a great many of us believe he is the greatest man in American medicine today."[18]

Among the early published papers of the distinguished Dr. Victor C. Vaughan, one appears in abstract in the *Evening News* of January 8, 1880.[6] It was read before the Sanitary Convention in Detroit, and is entitled "Contamination of Drinking Water by Infiltration of Organic Matter Through the Soil."

He concludes the paper, "As to the location of cemeteries in the vicinity of wells, we think that our experiments show that the decomposing matter from one body would be sufficient to pass a long distance, especially through a gravel soil, before it would be completely destroyed." And in discussing it Dr. Kedzie expressed the startling belief that "we are drinking a cold infusion of death and it is time to stop it."

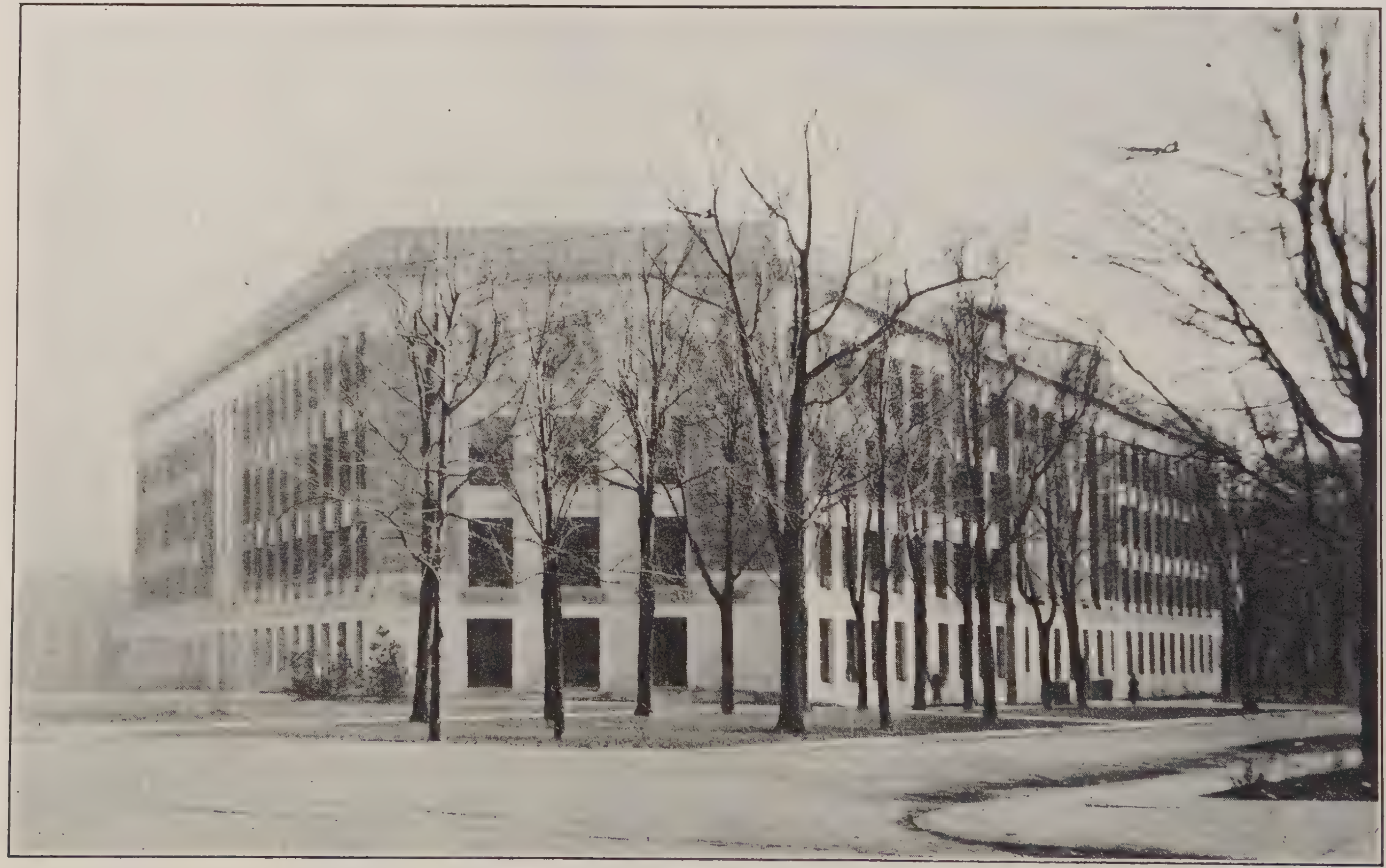
Previous to this time, however, Dr. Vaughan had published (in 1879) "Chemical Physiology and Pathology." Concerning the "plates" in illustration thereof, which appeared later, a reviewer admits[6] that "they are moderately well executed and fairly true to nature," which, in view of the strained relations then existing between the Metropolis and the Seat of Advanced Learning, should have been, and doubtless was, duly appreciated.

The "abundant popularity" of Vaughan's "Chemical Physiology and Pathology" "is attested by the fact that three editions have been called for in so short a time."[6]

"The Nucleins and Nuclein Therapy" was the title of the annual address to the State Medical Society in 1894 by Dr. Vaughan.[25]

The following are extracts from a review of Dr. Vaughan's "Memories" which appeared in the *Journal of the Michigan State Medical Society*:

> "Dr. Vaughan has been an outstanding scientific figure and a sturdy original one in medicine for more than forty years. He has had a full and rich experience; he has led a useful life in medicine and he has done another service in giving us these reminiscences of his interesting career. He was reared in rural Missouri. Thence he went to the University of Michigan, where his mature career was worked out. His first great excursion from his professional and academic life was the Spanish-American War. Then stands out his experience in the Great War. These are the high points in his reminiscences, and he has written of all of them in a way that is both interesting and profitable.
>
> "He gives a stimulating account of the life of the Middle Border of a family of intelligence and culture and prosperity. They were Southern sympathizers and they went through the hardships that fell to such people in the guerilla warfare in Missouri during the Civil War. They were driven temporarily into Illinois, and he gives some interesting details of rural life in Southern Illinois in the sixties. But the hardships of the war were simply an episode with them, and when it was over they were back in Missouri building up their fortunes again and educating their children.
>
> "It was a typical American experience of the Middle Border which complacent urbanites cannot read about too much. The Vaughans and many other people who were working out their fortunes were not ruffians but people of vigorous stock and high ideals, a stock that has contributed more than its share of outstanding men to our population. Vaughan gives a delightful glimpse of this time, a glimpse that is more pleasing because



Medical Building, University of Michigan
Northwest End. 1925.

it is without that tone of dissatisfaction that pervades, for example, Hamlin Garland's account.

"His collegiate education was obtained in a small college in Missouri, and it is a surprise to find that when he went to the University of Michigan, as he did because it was the school that seemed best to fit his purposes, he was prepared, not to begin his collegiate course, but to enter on postgraduate work for a master's degree in chemistry. He got it in a year and followed it in two years more by the degree of doctor of philosophy. Almost from the time of his entering Michigan he became a teacher, first in chemistry, and for more than forty years he continued his active work there. Most of this was academic work, but it also included a wholesome amount of practice.

"Of course, most of his reminiscences are given to his long period of service at Ann Arbor. His activities there are well known, but his account will be instructive to all men who are interested in the growth of medicine and of medical education. As a matter of fact, Vaughan led the way in higher medical education in this country, and when the history of medical education is written his work at the University of Michigan will have an important place if justice is done. He did years before at Michigan what Johns Hopkins later undertook. Indeed, Johns Hopkins drew very largely on Michigan for its first and great faculty. His account of his long experience in Michigan is an account in intellectual life in congenial surroundings that any man might envy. It makes instructive reading. His life there was not one of academic isolation but one enriched by constant participation in important activities."

"A commission of which Dr. Vaughan was a member settled forever the great questions of typhoid transmission. And the way they brought to light the iniquities in sanitation that were allowed to prevail in the Spanish-American War had much to do in developing the importance of the medical corps, so that it was able to do the signal work in sanitation that was so conspicuous in the Great War.

"When the Great War came on, Vaughan and his five sons immediately enlisted; one of them was left in France. He went through the war as one of the leaders in medical service, one, unlike most of the civilian leaders, who was able to draw on great experience in military service. Since that he has been engaged in one sort or another of general service to medicine, most of the time as director of the medical division of the National Research Council. Now he is off in China on a commission.

"This is a brief outline of Vaughan's life. It is a life that was intelligently planned and well ordered. He has had a proper sense of life's values and has put the highest store on those of intellect and culture. Vaughan writes of it all delightfully. He has a sense of humor and of perspective that saves him absolutely from egotism. He has viewed life with tolerance and wisdom, and he writes of it with that sort of philosophy. The result is a worth-while book."

"Professor Vaughan of the University of Ann Arbor was the first of the early writers to discover the subsistence in the bowels of ptomaines as a cause of acute indigestion, or cholera morbus, of which so many persons of robust health suddenly die. The ptomaine is a deadly microbe."[14]

The learned and modest Professor A. B. Prescott of the University discussed at the Sanitary Convention above mentioned, "The Use of Household Filters for Potable Water." Filtering material with which he was familiar, was powdered charcoal mixed with gravel, bone charcoal the best "so arranged in consecutive layers that the water trickles slowly through." He concludes:

"1. From 80 to 90 per cent of the organic nitrogenous compounds in putrescible rain water may be removed by a good filter.

"2. Ordinarily pure rain water may be made by filtration very pure.

"3. A filter in good order does not make badly polluted water safe for drinking.

"4. The danger is greatly lessened by filtering.

"5. A good filter submerged from half to two thirds of the time will remain in good order at least a year.

"6. The water should not be stored after filtration."

Dr. Prescott was joint author with Dr. Silas H. Douglas of a book on "Qualitative Chemical Analysis."

It was a most useful work as many a puzzled student in the University laboratory can testify.

Concerning "Cheese Poison" the *Medical Age* says, "Dr. Vaughan (V. C.) has succeeded in isolating the poison, to which he has given the name tyrotoxicon (from two Greek words which mean cheese and poison).

The following are excerpts from an impressive paper of Dr. W. J. Herdman on "Vitality and Therapeutics."[25]

"Karl Pearson (Grammar of Science) has truly said that 'the moment we accept without reservation the theory that all life has evolved from some simple organism, then we are bound to recognize that consciousness has gradually become part of life, as forms of life become more and more complex.' And so, likewise, when we accept the theory that this simple organism has itself been brought into existence by a fortuitous concourse of atoms, molecules and energies, without the agency of any special vital directing or formative power other than already resides potentially in the atom, we must then, in our thought of necessity clothe the atom with an original endowment which requires but the needed time and conditions to enable it in its associations to give expression to the properties not only of living things, but of the highest orders of living things; in other words, we must conceive of the atom possessing in germ consciousness, intellect, emotion, reason, judgment and will.

"I do not know that we need be startled or view with dread and apprehension such a conception as this. To my mind it is not a forbidding aspect of the universe which presents it in such a perfect unity that each part is fitly woven together throughout, without seam in the garment. I can see nothing but good that would result from the ennobling of matter in our estimation by recognizing it as the inexhaustible storehouse from which emerge the issues of life. I confess that such a conception of the plan, according to which all things have been made that are made, appeals to me very forcibly as a most natural and beneficent one, and I do not believe it to be other than a groping of the thinking mind of man after the universal intelligence which his study of nature reveals to him, that has given birth to the idea that the advent of vitality and of consciousness was no afterthought, or delayed plan, but was a part of the primordial plan and provided for in the beginning.

"It ought not to shake our confidence in the creative Intelligence through whose agency the wonders of the visible universe have thus been evolved, but rather should enlarge our conception of His power and omniscience and deepen the awe and reverence due Him as the author of a plan so grand in conception and simple in execution.

"I unhesitatingly personify an Intelligence, and that an all-powerful one, as standing behind the veil of natural things, for to me it is unthinkable that matter is self-endowed and contains within itself both the architect and the substance out of which the universe is built."

Dr. William J. Herdman was born in Ohio in 1848, was graduated from the literary department, University of Michigan, in 1872, and from the medical department in 1875. He was connected with the geological survey of Ohio in 1871 and 1872; became lecturer on pathological anatomy and demonstrator of anatomy in the University of Michigan.[16]

He was later professor of neurology and psychiatry in the University and greatly interested in electro-therapeutics. He originated the idea of establishing the Psychopathic Hospital in Ann Arbor.

He was a Christian believer and a devoted member of the Presbyterian Church.

He was tall and erect: had slightly curling hair. His physiognomy was, in repose, somewhat severe but lighted up handsomely on occasions. He was logical and forceful in discourse and exacting in the "quiz." One could scarcely fail to be impressed by his thoughtful manner and utterance.

He displayed admirable heroism in his last days. Aware of a cancerous condition extensively involving the abdominal organs, he betook himself to Johns Hopkins Hospital for operation. To his family he made some trifling excuse for the move. Not to any member of it did he reveal the nature of the malady as he understood it to be. Alone he made a confidant of his executor, Dr. James B. Bradley of Eaton Rapids, and pledged him to secrecy. He relinquished life apart from his family that its members might be spared acquaintance with his sufferings and the inevitable outcome of the disease.

The question of the removal of the University of Michigan medical department was agitated as early as 1858 and referred to a Committee of the Board of Regents.[24]

In 1868, Dr. H. O. Walker paid a visit to the University and "after a pleasant interview with several members of the faculty" spent an hour "listening to a very instructive lecture on materia medica by Professor Armor." He "was struck with the general intelligence and air of cultivation characterizing the class." He deemed a portion of the lecture (on gelsemium) "of sufficient interest to the profession at large to render the following notes worthy of a place in the *Review*."[8]

It will perhaps be difficult for contemporaries to envisage "H. O.," the snappy surgeon of later years, as glorifying gelsemium or any other mere botanical specimen.

Dr. E. W. Jenks of the *Review* did some visiting, also, and had the pleasure of paying respects to "Professor Sager, the learned and urbane incumbent of the chair of obstetrics." He found it necessary to speak of Professor Armor, "long and favorably known to the profession of the West," and was favorably impressed with the "new professor of surgery" —Dr. Green, who succeeded Moses Gunn.

"The medical department of the University is largely attended as usual. There are over four hundred students. . . . As a *primary* school for first course students [it] justly occupies a very prominent position . . . its appliances for teaching *elementary* departments of professional study cannot well be excelled. . . . But it is deeply to be regretted that the practical cannot from necessity of the case equal the elementary and theoretical instruction. This is no fault of the faculty; it is the fault of location."

It will be observed that later in the same year (1868) there was an altruistic endeavor on the part of Detroit physicians to supply this deficiency in the establishment of a school in that city.

There was "general sorrow" among the profession, declares the *Detroit Review of Medicine and Pharmacy* editorially, at the "long threatened misfortune which has at length befallen the medical department of the University. . . . The events which have befallen the medical department of the University are of too recent occurrence to require narration. It is sufficient to remark that the action of the Board of Regents though ruinous to the medical school at Ann Arbor, has not added one cent to the treasury of the institution which they control. What will be the final decision of the Supreme Court in the case now pending between the Regents and the Auditor General remains to be seen. . . . Unfortunately, no steps which the Board of Regents can now take, would restore the reputation and prosperity which have been forfeited. The position which had been attained by the medical department at Ann Arbor could not, under the most favorable circumstances, have been maintained without a constant struggle. The opinion, which is daily gaining strength among professional men, that clinical instruction is essential to medical education, had already virtually converted the University into an elementary or primary school of medicine, before its fame had suffered from association with homeopathy."

This editorial is not signed or initialed.

"Those who are conversant with the early struggles of such a state institution—as by wise foresight the Michigan University has become—know what a gallant battle—nay more—what an unequal war those devoted men [the first regents] fought against foes within and foes without. . . . Some were driven, some were teased and some were flattered out of office; but no torture of the political or private thumb-screw of the period could move the calm, cool medical regent [Zina Pitcher], whose steadfast hope was 'to save the University.' "[25] (Memorial, 1873.)

In the year 1873 a committee composed of Drs. E. P. Christian and A. Nash, presented an interesting report to the State Medical Society on the medical department of the University. They find "a record as fair as that of any similar institution," that the college has "been honestly and carefully doing the work entrusted to it," the dissecting room "abundantly supplied with subjects for dissection," the lectures to "male and female classes delivered separately," the laboratory "a beehive of industry."

The absence of adequate clinical material is tactfully mentioned and the recommendation made "that there shall cease to be injudicious, however well meant, tampering and experimenting on the part of those entirely disqualified to judge of its needs and requirements."

And hinting at the then current agitation in reference to homeopathy—"That the medical art is designed to be, and practically is, so taught at the medical department of the University in accordance with this catholic and truly scientific scope is confidently affirmed. That any established principle is not there taught, or is ignored, should be first determined, before venturing on a change fraught with danger to the present."

On the whole the report of the committee is temperate, just and fair-minded, wholly worthy of its distinguished chairman.

At a later period the medical profession was invited by the Regents of the University to coöperate in the examination of students. The first report of the Medical Examiners follows:

"In the autumn of 1878 the undersigned received a notice from the President that the Regents of the University had invited us to act, in conjunction with the Faculty of the Medical Department, in the examination of the candidates for graduation in that Department for the year 1879.

"Gratified that such a step had been taken, so in accordance with the repeatedly expressed wishes of this Society, "that the Profession should be the guardian of the gates of entrance to its ranks," we thought it our duty to, and therefore did, at once, accept the invitation.

"Receiving notice from the Dean of the Medical Faculty that there would this year be an examination of candidates for graduation in March, for those who began their course of study under the old regime, i. e., before the course of lectures was extended to nine months, we went to Ann Arbor two or three days before the close of the spring term and took part with the Medical Faculty in the examination of 37 candidates.

"The Faculty told us that it had been determined by them, with a committee of the Regents, that our position in the examinations should be the same as that of any member of the Faculty, and that in voting upon the several candidates, each one of the examiners should also have a similar influence. The Faculty very cordially extended to us the utmost freedom to conduct the examination as we chose.

"It appeared to us that a written examination upon topics involving those points in anatomy, pathology, and materia medica most frequently met with in every day practice, and, therefore, the most important to be thoroughly understood, would be the best manner of testing the fitness of a young man or woman for the responsible duties of a physician.

"As the arrangements had not until then been perfected, we contented ourselves with presenting a few topics, which were written upon by several candidates, and spending a short time in an oral examination. This written and oral examination forms the basis for our votes upon the several candidates.

"The Medical Faculty had previously examined the candidates upon didactic medicine in its various branches and upon this examination, together with their daily observation of the students during the lecture terms, the Faculty based their votes upon the several candidates.

"The final result, in the very uniform agreement of the votes of the examiners and members of the Faculty, demonstrated that a faithful, attentive student during lecture terms would be able at their close to give a favorable account of his work and his qualifications in writing upon practical topics pertaining to his profession."

Then follow the topics upon which examination was made, in detail, and the signatures, William Brodie and H. O. Hitchcock.

And in the following year (1880) a report of the Medical Examiners concludes thus:

"And we should be especially remiss in what we owe to the medical profession if we had not then and there recommended and strongly urged upon the controlling powers of the University that they should advertise in their next announcement the requirements for admission as adopted in 1873 (with these modifications that the applicants should have at least a sufficient knowledge of Latin and Greek to enable them to readily read the

Latin and Greek readers): and we trust that a standard equal to that for the admission of candidates to the Freshman course in the Literary or Scientific departments will eventually be adopted, and then that a rigid enforcement of the standard be required of the Faculty.

"We believe such a course will insure the best prosperity of the medical department, and we know it will meet the most earnest wishes of the great body of the medical profession, besides saving to the applicant not only his time and money, but also the disgrace of rejection in final examination.

"We also take pleasure in announcing that the action of the Regents in the appointment of Medical Examiners has met the approval of the medical profession of Michigan.

Wm. Brodie,
H. O. Hitchcock."

At the meeting of the Michigan State Medical Society in 1880, Dr. E. P. Christian offered the following resolution:

"Whereas, The State Medical Society of Michigan views with gratification the evidences that its labors for a more elevated standard of medical education have not been without reward, in the fact that all the medical schools of this State have made a preliminary examination and a three-term graded course a requisite for graduation; therefore,

"Resolved: That we, the members of the State Medical Society, pledge ourselves, individually and collectively, to support only such schools as require for admission a thorough preliminary examination, and for graduation at least a three-term graded course of lectures in three years of study; and that we will use our influence to prevent students from attending any college with an inferior standard of preparation and graduation."

The resolution was adopted.

Elsewhere in this history appear the names, and references to the professional and public services of several eminent physicians who have been members of the Board of Regents of the University, among them Drs. Pitcher, Upjohn, Patterson, Comstock, and Rynd, who contributed greatly to the upbuilding of the medical department.

Eminent in medicine and extremely useful to the University as member of its Board of Regents was Dr. Herman Kiefer.

Herman Kiefer, born in Sulzburg, Baden, Germany, November 19, 1825, was the only son of Conrad and Friederike (Schweyckert) Kiefer. His father was a physician; his mother was a daughter of the director of the Botanical Gardens, at Carlsruhe, Baden. His early education was obtained in the lyceums of Freiburg, Mannheim and Carlsruhe, and he then studied medicine in the universities of Freiburg, Heidelberg, Prague and Vienna. He received his license to practice May 13, 1849, and took part as a regimental surgeon in the revolution in Germany in that year, being present at the battles of Phillipsburg (June 20) and Upstadt (June 23). When the revolution was suppressed Dr. Kiefer fled to Strasburg, and thence to America, arriving in New York City September 19, 1849.

Removing to Detroit, Michigan, the following month, he began the practice of medicine and soon took a prominent position. In 1860 he became city physician of Detroit. He has always taken a deep interest in educational matters, and was one of the founders, in 1861, of the German-American Seminary in Detroit, being first its treasurer and then its president in 1861-1872. He was a member of the Detroit board of education in 1866 and 1867, and of the Detroit public library commission, 1882 and 1883. In March, 1889, he was elected a regent of the University of Michigan, and he still holds this position (1900), being chairman of the medical committee of the University.

Dr. Kiefer joined the Republican party upon its organization in 1854, and was chairman in that year of the German Republican executive committee of Michigan. He was one of the presidential electors of Michigan in 1872; was a delegate in 1876 to the Republican national convention in Cincinnati, and was influential in inducing the Michigan delegation to give united support to General Rutherford B. Hayes. He was a Republican speaker among the Germans of Michigan in every presidential campaign from 1854 to 1880. In July, 1883, he was appointed U. S. consul to Stettin, Germany, and held this position until January 21, 1885. Dr. Kiefer made several valuable consular reports to the U. S. state department, including papers upon the beet sugar industry; the "Extension of European Trade in the Orient"; "American Trade with Stettin"; "How Germany is Governed," and "Labor in Europe." He has contributed many articles to medical publications. He was a director of the Michigan Mutual Life Insurance Company from 1883 to 1892, and vice president of the Wayne County Savings Bank, Detroit, in 1871-1883. He is a member of the Michigan State Medical Society; American Medical Association; American Academy of Medicine; American Academy of Political and Social Science, and the American Historical Association.

Dr. Kiefer was married in Detroit, July 21, 1850, to Franciska Kehle, daughter of Johannes and Catharina Kehle, of Boundorf, Baden, Germany. They have five sons and one daughter. His son, Dr. Guy L. Kiefer, is one of the most prominent sanitarians in this country; was health offcer of Detroit for many years and in 1927 was appointed State Health Commissioner.

Dr. Herman Kiefer's death occurred in 1911.

THE STUDENT LOOKS AT THE PROFESSOR†

The impracticability of reproducing here the ornamental capital letters beginning names of professors in the medical department of the University of Michigan, which appear at the heads of lecture notes of Dr. E. V. Chase (1856) is sincerely regretted. The artistry is significant—symbolic possibly of the reverential awe with which his teacher is regarded by the medical student. Drawings resembling friezes, and gargoylesque caricatures at the conclusion of the hour's program, are also, perhaps, expressive of that acute relief experienced when the janitor's bell is rung for intermission.

These notes made in the long ago while not crystal clear are fairly representative of, and do not differ widely from, those by students of later generations. The writer's recollection of his own memoranda of "points" announced with *empressement* from the desk in the amphitheatre is that they lacked luminosity and sadly failed to epitomize the exalted wisdom and indubitable truth contained in the instructor's outgivings. Though the "last

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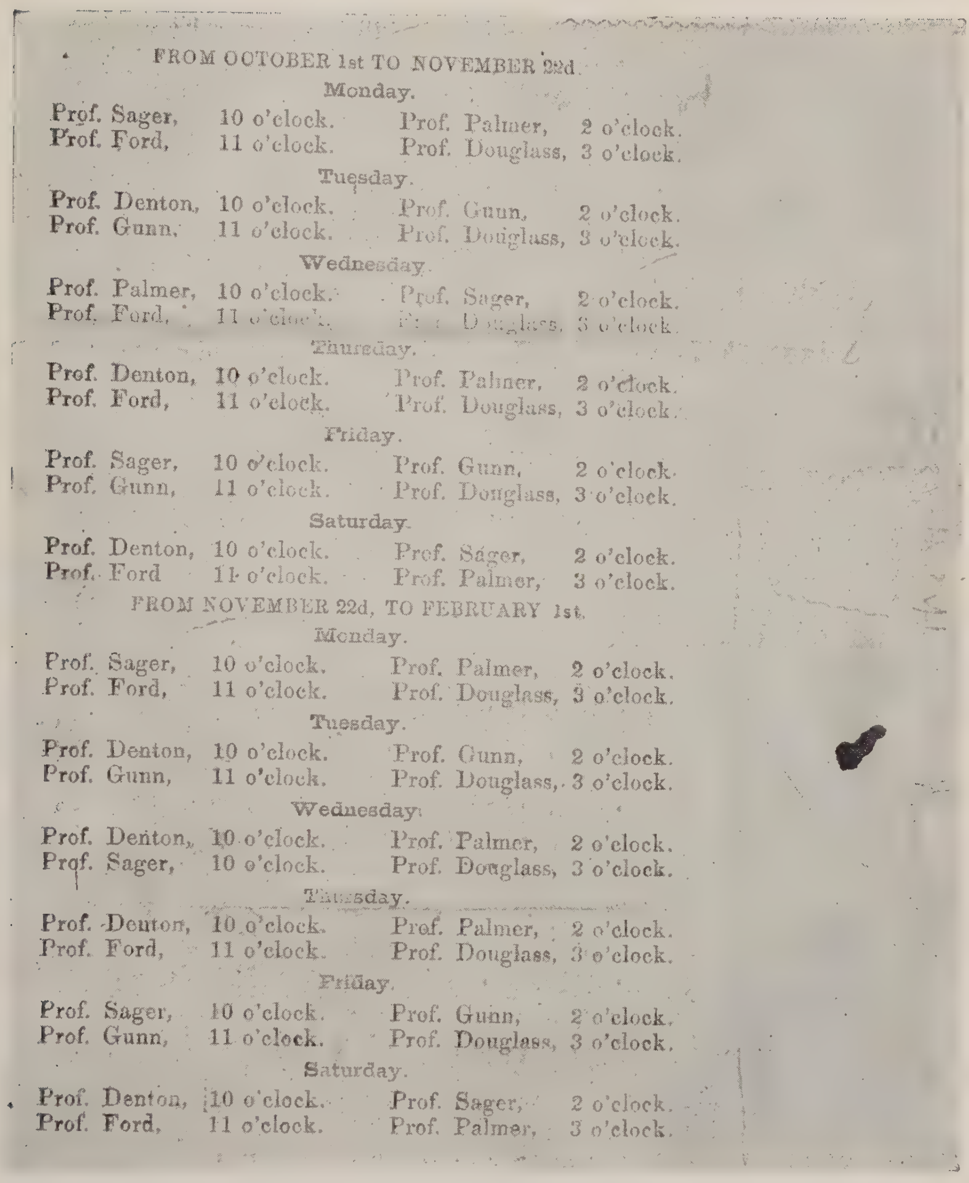
†For this interesting analysis of the Student's Notebook grateful acknowledgment is made to Dr. C. B. Burr.



FROM OCTOBER 1st TO NOVEMBER 22d.

Monday.

Prof. Sager, 10 o'clock. Prof. Palmer, 2 o'clock.
Prof. Ford, 11 o'clock. Prof. Douglass, 3 o'clock.

Tuesday.

Prof. Denton, 10 o'clock. Prof. Gunn, 2 o'clock.
Prof. Gunn, 11 o'clock. Prof. Douglass, 3 o'clock.

Wednesday.

Prof. Palmer, 10 o'clock. Prof. Sager, 2 o'clock.
Prof. Ford, 11 o'clock. Prof. Douglass, 3 o'clock.

Thursday.

Prof. Denton, 10 o'clock. Prof. Palmer, 2 o'clock.
Prof. Ford, 11 o'clock. Prof. Douglass, 3 o'clock.

Friday.

Prof. Sager, 10 o'clock. Prof. Gunn, 2 o'clock.
Prof. Gunn, 11 o'clock. Prof. Douglass, 3 o'clock.

Saturday.

Prof. Denton, 10 o'clock. Prof. Sager, 2 o'clock.
Prof. Ford 11 o'clock. Prof. Palmer, 3 o'clock.

FROM NOVEMBER 22d, TO FEBRUARY 1st.

Monday.

Prof. Sager, 10 o'clock. Prof. Palmer, 2 o'clock.
Prof. Ford, 11 o'clock. Prof. Douglass, 3 o'clock.

Tuesday.

Prof. Denton, 10 o'clock. Prof. Gunn, 2 o'clock.
Prof. Gunn, 11 o'clock. Prof. Douglass, 3 o'clock.

Wednesday.

Prof. Denton, 10 o'clock. Prof. Palmer, 2 o'clock.
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Saturday.

Prof. Denton, 10 o'clock. Prof. Sager, 2 o'clock.
Prof. Ford, 11 o'clock. Prof. Palmer, 3 o'clock.

EARLY TIME TABLE OF THE FACULTY OF THE UNIVERSITY OF MICHIGAN

Schedule of a student's sufferings, University of Michigan, 1856. At the side may be seen Winnie the Wiggler.

word" in quality as they fell from the professor's lips, they were *lost* words so far as his jottings revealed.

On another page will be seen a schedule of lectures in which famous names appear. This is flanked by "Winnie the Wiggler," a drawing of what seems to be a merman, the significance of which is not obvious, but may possibly represent the combination of human and mythical in "scientific" teaching.

On the twenty-first of November, Professor Denton[‡] lectured on typhus fever. "This is profoundly interesting," the student records, "and should be attended to very strictly on account of its importance." The old writers have recognized two varieties, typhus mitior, and typhus gravior, but "writers of this day divide it into typhus and typhoid fevers."

"Typhus gravior is sometimes called petechial, again spotted fever, maculated, jail fever, ship fever. In all essential fevers there is this same condition of the blood, viz., fluidity. Defect in nutrition arises from this." The notes go on to speak of softening of the spleen, of the heart which "when thrown down upon the table flattens out." The lungs are sometimes softened, likewise the liver and the brain. (Here is possibly the original "softening of the brain.") Ulceration is fairly commenced in the third week. Ulceration "is sometimes supposed to be enteritis on account of the ulceration of the intestines." Another lesion is an eruption on the skin.

Professor Gunn discusses constitutional syphilis. Here is also ulceration which "sometimes takes away the velum pendulum palati." "The patient without having any other solution of continuity in the soft parts, by passing his hand over his head finds it rough as though the bone had ulcerated and excavations made." "If it is a simple chancre the prognosis will be favorable—if the ulcer is inflamed the prognosis will be grave. If of the Hunterian kind your prognosis will be correspondingly grave." "Climate has something to do with both primary and secondary syphilis. In the warm climate your prognosis will be favorable of the second *vice versa.*"

It is gratifying to discover that "many cases of syphilis can be cured by mercury," yet the rationale must be the true manner of treating. There are two schools existing at the present day who are called the mercurial and non-mercurial. "In the use of mercury, be careful. Use it in compounds in preference to any other way especially in sickly conditions. We should not resort to it as long as other medicines can be found."

Professor Sager discusses extra-uterine gestation, which "we have spoken of" as a "disorganization of nature." Follows an account of the pathology and the statement that, "Hemorrhage sometimes occurs endangering the life of the fetus." "Local blood letting and saline cathartics" seem to have an important place in treatment.

The lecture of November 22 by Professor Ford has to do with the anatomizing of the brain. It is here learned that what is contained with the cranium is termed "encephalon" which is "divided into three parts, viz., brain, membranes, blood vessels. The membranes are divided into dura mater, arachnoid and pia mater. The brain is divided into cerebrum, cerebellum, pons varolii and medulla oblongata."

[‡] Dr. Samuel Denton, born in Wallkill, New York, was the "first physician in Ann Arbor," whither he came in 1826. He was a member of the State Historical Society and sometime president of the State Medical Society.

He became, on the organization of the medical department of the University, professor of theory and practice, and continued to occupy this chair until his death, August 17, 1860, at the age of 57.

He was of "remarkable depth and vigor of intellect, a profound thinker, and in the lecture room was noted for his originality and felicity of expression."

He was delegate from Washtenaw County to the Second Convention of Assent, 1836; Member of the Board of Regents of the University, 1837-1840; Senator from the Second District, 1845-1846 and 1847-1848. (Michigan Biographies, Page 236.)

Professor Sager at a subsequent lecture discusses diseases of the membranes of the fetus and molar pregnancy. It is found that "diseases of the fetus are liable to produce abortion" and that "displacement of the uterus constitutes a similar menace." It is rather startling to learn that under certain conditions it is necessary to "evacuate the uterus by penetrating the vagina. If you cannot the uterus must be punctured."

Professor Denton in further discussion of fevers is recorded as saying "rose colored eruption if you press it, if the color returns soon all is well, but if it does not return the color quickly and return sluggishly it is a bad sign. The skin is sometimes spotted and sometimes it looks as though powder had been burnt near the body." Varieties of breathing are mentioned, the "irregular, noisy and hissing" and the "cerebral respiration" which is "half whistling and half snoring."

Professor Gunn, discussing cancer, finds it accompanied with "lancinating pains and cuts like a potato. The female breasts are more apt to be affected with this [scirrhus] and is more aggravating in this location than in some others on account of its frequency."

Among Professor Denton's assertions is said to be one that in typhoid "the hair must be cut, the beard shaved, thus giving more free ventilation. This free ventilation is a propagator of oxygenation" and "cleanliness is of mighty importance." Definitions were evidently stressed adequately in the mid-nineteenth century, and Professor Sager, whose name is capitalized impressively, reveals the fact that "that part of medicine which treats of the organs separately and describes them is called anatomy, while that part which treats of their vital functions and phenomena is called physiology."

Professor Denton recommends that "the bowels should be brushed out by cathartics twice a day." Those cathartics can be given with chalk, tannic acid and absorbents with anodynes and paregoric which gives rest and ease to the patient." Where there is "a tendency to mollicular death this may be medicated by antiseptics with the mineral acids." "These are great antihemorraghic arising from the want of tendency of coagulation of albumen and fibrin." "Chloride of sodium, quinine, the first is both antiphlogistic and phlogistic. The latter is an antiseptic, and antiperiodic. Alcohol, if you wish to get its full stimulating effect must be given in small doses."

The enumeration of the muscles of the face by Professor Ford is conscientiously given, and, as might have been assumed, the *levator labii superioris alæque nasi* is not forgotten. No medical student was ever so deficient as to fail to memorize this muscle.

Professor Palmer assures a receptive group that "medicines are sometimes applied to the skin for the purpose of revulsion locally and sympathetically. Endermic medicines are applied after the cuticle has been raised. This method is sometimes of use when the medicines cannot be retained in the stomach." "Medicines applied to the Scheiderian membrane are called errhines." "Liquids used in the mouth are galled gargles." "Solids dissolved in the mouth are called lozenges, those that are chewed like gum are called mascutories." "The recto-iliac membrane is sometimes used to apply medicine to." "We use injections for the medication of the immediate parts." "We can keep up the system when it is nearly worn out." "In children it is a great benefit." "The injection should be gently administered, pushing the piston slowly and gently, Metallic syringe or a clyster pipe and bladder. Important to give good advice to the nurse."

Professor Palmer was strong on classification. Among the remedies carefully defined are hæmatic, neurotic, eliminative, catalitic, antiscorbutic, antiperiodic, anticonvulsive, antisquamous, narcotics, inebriants, soporifics, sedatives.

In the fulness of time these were evidently forgotten. The writer has distinct recollection that twenty years later the professor's sheet anchors were quinine and iodide of potassium, and there was no ultra-refinement in medicinal prescription. At that time, however, he had passed from mere materia medica and was soaring in cerulean "practice."

The notes of Professor Gunn's lecture on cancer were quite elaborate considering the memorandum which the student has made opposite the date, December 2, 1856. "Cold as thunder upstairs," and but for limitations of space, this lecture and that of Professor Denton on erysipelas would be lengthily reviewed. There is one clinic by Professor Gunn recorded in the course, "a case of non-united fracture of the humerus. The operation of cutting down upon the bone."

What happened at Professor Sager's lecture, December 3, is wholly mysterious. It was at 2 P. M. and the subject indicated was "Histogenic Substances—Fibrin." Underneath this are some lens shaped drawings but this is all. On December 4, however, the subject being "Histogenetics," the comment is recorded, "Many things in connection with the last may be treated of but we shall leave those and treat of ternary compounds."

This evidently stalled the student, who introduced more elaborate lenticular ornamentation and then evidently pocketed his lead pencil. His pausing is not unaccountable. A ternary "compound," as its name implies, lacks simplicity. It is even more difficult now at three score and ten than it was during the adolescent period of life.

Dr. Henry Sewall, who came to Ann Arbor in 1881 and made the fatal blunder of admiring Dean Palmer's *elms* (they were oaks) and failed of Dr. Palmer's vote, but was nevertheless installed as professor of physiology, had but few equals in this line, declares Vaughan,[1] who is "ready to defend this assertion before any scientific court by presenting the physiological literature produced since that time.

"Twenty or more years after Sewall had been compelled by ill health to give up his work with us I received a call from a delegation of learned

Frenchmen who introduced themselves by saying that they had journeyed to Ann Arbor to see the place where Henry Sewall had demonstrated that pigeons could be immunized to the venom of the rattlesnake, because they said that work had pointed out the way to the discovery of diphtheria antitoxin. Following Sewall's findings that animals can be immunized to snake venom Roux and Yersin showed that the poison generated in diphtheria is similar to snake venom. Then Von Behring and Roux independently immunized horses to the venom of diphtheria and produced diphtheria antitoxin, an agent which both prevents and cures the disease. If all my subsequent selections of new professors had been as fortunate as my first, and many of them were, I should now feel that I had not labored in behalf of the University of Michigan medical school in vain."[1]

Dr. Stowell demonstrated in 1878 at the physiological laboratory of the University of Michigan the "automatic action" of the heart of a cat by displaying a fragment thereof upon his scalpel. "The doctor has also a dog at his laboratory which has carried a permanent gastric fistula for over two months."[23]

In a note on the "Origin and Structure of the Red Blood Corpuscle" he states that this is "a very interesting question to the physiologist."[23]

In a review of Dr. Charles H. Stowell's book, "Microscopical Diagnosis," the *Michigan Medical News* says it "is especially adapted to the wants of the student and of the tyro in the subject of which it treats" and "it has this to commend it that it is the production of one who has from practical experience realized the wants in detail of the neophyte."

Vaughan[1] writes, "James N. Martin, Dunster's assistant and successor (1885-1901) was a skillful operator and an excellent teacher."

Of Dr. George Dock, who in 1891 was appointed to the chair of principles and practice of medicine, Russell writes as follows:

He "was born in Pennsylvania and of German ancestry, studied in Germany from 1885 to 1887 and in 1891, began his long career in the department of medicine and surgery. He is credited with the organization of laboratory methods for teaching clinical branches, the establishment of a diagnostic clinic in internal medicine and the application of the system of word teaching." He resigned in 1908 to accept the position of professor of medicine at Tulane and subsequently (1910) was appointed to a similar position in Washington University, St. Louis.

Dr. Flemming Carrow (1852-1928), born in Maryland, graduated in medicine at Columbian University, Washington, in 1874, previously (in 1870) having received the degree of A.B. at George Washington University. In 1903 he was given the honorary degree of M.A. by the University of Michigan. During the years 1874 to 1885 he was a surgeon in the service of the Chinese government and in 1887 he became professor of ophthalmology at the University of Michigan. Following his retirement from the faculty in 1904 he practiced his specialty in Detroit. Later he lived in Traverse City and there died June 23, 1928. His career and experiences in China were thrillingly interesting and the subjects of numerous papers. (*See* bibliography supplied by courtesy F. L. D. Goodrich, A.M.B.L.S., associate librarian, University of Michigan Library.)

He was a member (1907-1911) of the Michigan State Board of Registration in Medicine of the American Medical Association, Anthropology Society of Paris, the American Association for the Advancement of Science, the Royal Society of Portugal, and the Detroit Club.

He was versatile, accomplished, companionable.

Articles written by Dr. Flemming Carrow concerning the Chinese:

Report of the health of Chefoo for one half year ended 31st March 1880. Chinese Imperial Customs Medical Reports. Shanghai. 1879-80, number 19, p. 16.

Table showing results of 140 cases of stone in bladder operated upon at Native Hospital in Canton. Chinese Imperial Customs Medical Reports 1880, number 18, p. 52.

Tabular statement of urinary calculus for 1877. Reports Medical Miss. Soc. China, 1877, Hongkong, 1878, 5-7.

Prostitution as observed in Canton, China. Maryland Medical Journal. 1882-3, v. 9, p. 202.

Report on health of Canton for eight months ended 31 March 1882. Chinese Imperial Customs Medical Rep. 1882, number 23, p. 33.

Medicine among the Chinese. Medical Age. 1887, p. 1.

Articles written by Dr. Carrow from 1887 to 1904 when he was professor of ophthalmology at the University of Michigan:

1888. Eye symptoms in certain deep seated and general diseases. Physician and Surgeon, v. 10, p. 145.

1889. Ocular paralysis. Physician and Surgeon, v. 11, p. 193.

1889. Sympathetic ophthalmia. Michigan State Med. Soc. Trans., v. 13, p. 174.

1890. Contribution to the study of intra-ocular neoplasms. Michigan State Med. Soc. Trans., v. 14, p. 138.

1891. Review of year's work in treatment of cataracts. Michigan State Med. Soc. Trans., v. 15, p. 214.

1894. Results of examination of eyes of 681 students of Michigan State Normal School. Michigan State Med. Soc. Trans., v. 18, p. 301.

1894. Laryngotomy and partial excision of upper jaw for removal of pharyngeal growths. Michigan Med. Soc. Trans., v. 18, p. 381.

Dr. Carrow also wrote of "Some Eye Infections of the Veneral Diseases."[18]

Dr. W. P. Manton expressed appreciation of Dr. Flemming Carrow's paper on "Ophthalmia Neonatorum."[25] He had, he said, been "with Credé while he was making his last experiments."

Dr. Carrow resigned in 1904 and was succeeded by Dr. Walter R. Parker of Detroit.

"Walter R. Parker, M.D., was born in Marine City, Michigan, October 10, 1865, a son of L. B. Parker, M.D., of that place. He was educated in the public schools of his native town and in the Orchard Lake (Michigan) Military Academy, being graduated from the latter institution in 1883. He then entered the University of Michigan and was graduated therefrom in 1888, receiving the degree of B.S.; he then took a course in the medical department of the University of Pennsylvania and was graduated with the class of 1891. During the following three years he served on the staff of St.

Joseph's and the Children's Hospitals and Wills Eye Hospital, all of Philadelphia, Pennsylvania. In 1894 he removed to Detroit, where he has since remained in the active and successful practice of his profession and is rated as one of the leading oculists of the city of Detroit. Dr. Parker is a member of Detroit Medical and Library Association; Wayne County Medical Society; Detroit Academy of Medicine; American Medical Association, and is popular in both business and social circles."[19]

The Medical Library

One of the essentials of medical teaching second only to competent men is a working library. Too frequently the selection of books has not shown great wisdom. Libraries are too often swollen to considerable size by heirlooms in the way of gifts of wives of deceased members of the profession, and as it is not customary to look gift horses in the mouth, medical libraries are apt to stable edentulous dobbins in the shape of more or less obsolescent medical literature.

Text-books as a rule have little or no place in a medical library. They soon become out of date. The evolution of the Science and Art of medicine is best seen in its higher class of professional journals. Complete files of these in as many languages as possible are valuable acquisitions to a working library. On the authority of Vaughan,[1] to whose biographical volume I am indebted, the medical library of the University of Michigan is one of the best and most complete in the world for research work in medicine.

Not only is the library complete in the way of books and periodicals, but there has been a great forward movement in the way of library service. The administration of great libraries has become itself a science and we have today trained librarians and assistants whose service to the research worker and to the person who prepares only an occasional paper is of incalculable value. One has but to notify the library a few hours or days in advance regarding the subject to be studied or investigated and all the available literature on the subject will be set apart for him even to the marking of the particular pages. The housing of the medical library with the general library is a distinct advantage as the science of medicine is intimately related to the pure sciences such as biology, physics, and chemistry.

The Detroit College of Medicine

"During the last years of the war there was a dearth of clinical material at Ann Arbor, although the medical classes were very large. Wounded soldiers were being sent from the seat of war to Harper Hospital, where the government had erected buildings for their treatment, and Drs. Edward Jenks, T. A. McGraw, D. O. Farrand, George P. Andrews and S. P. Duffield organized a preparatory medical school. They began their school in Harper Hospital in the summer of 1864, and H. O. Walker was the first student enrolled. This school was so successful that in 1869 the founders decided to develop it into a regular medical college. A stock company was formed and the incorporators who founded the Detroit College of Medicine were: President, James F. Joy; vice-president, A. C. McGraw; secretary, Philo Parsons; treasurer, William A. Butler; directors, Buckminster Wight, Allan Sheldon, C. H. Buhl, M. I. Mills, Caleb Van Husan, John Owen, George S. Frost, Hiram Walker, H. P. Baldwin, William B. Wesson, Edward Jenks, Theodore A. McGraw, George P. Andrews, S. P. Duffield, and Frederick Stearns. The College Board bought the Y. M. C. A. building on Farmer street, between Gratiot and Monroe avenues. This building had originally been the barn of the old Railroad Hotel and later had been fitted up for manufacturing purposes."[19]

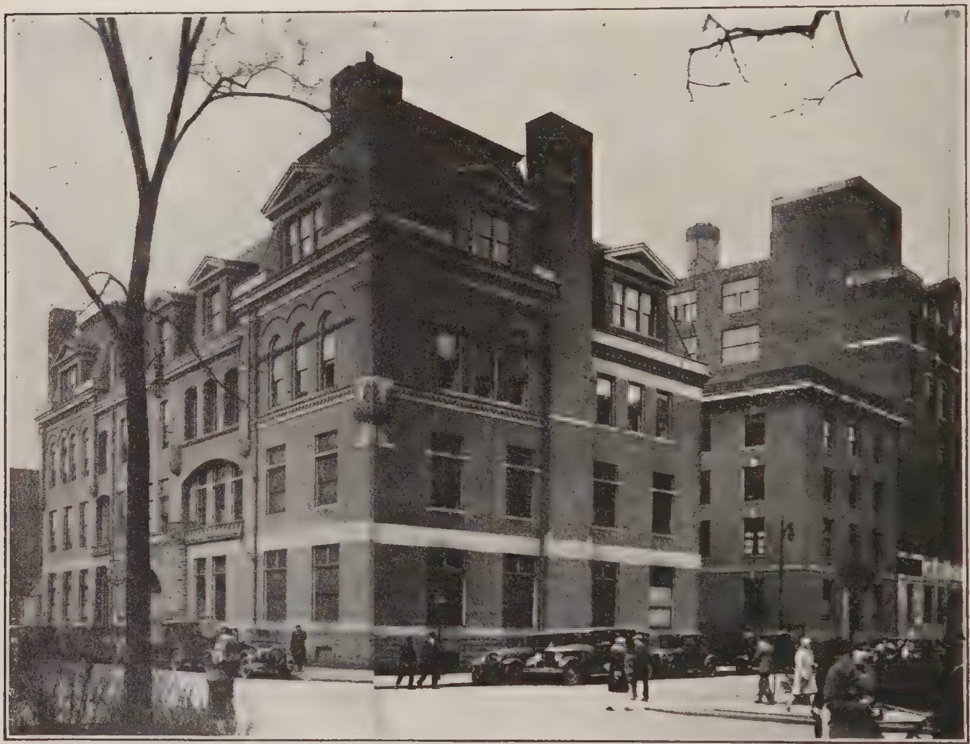


Photo by Dr. W. H. MacCraken, Dean

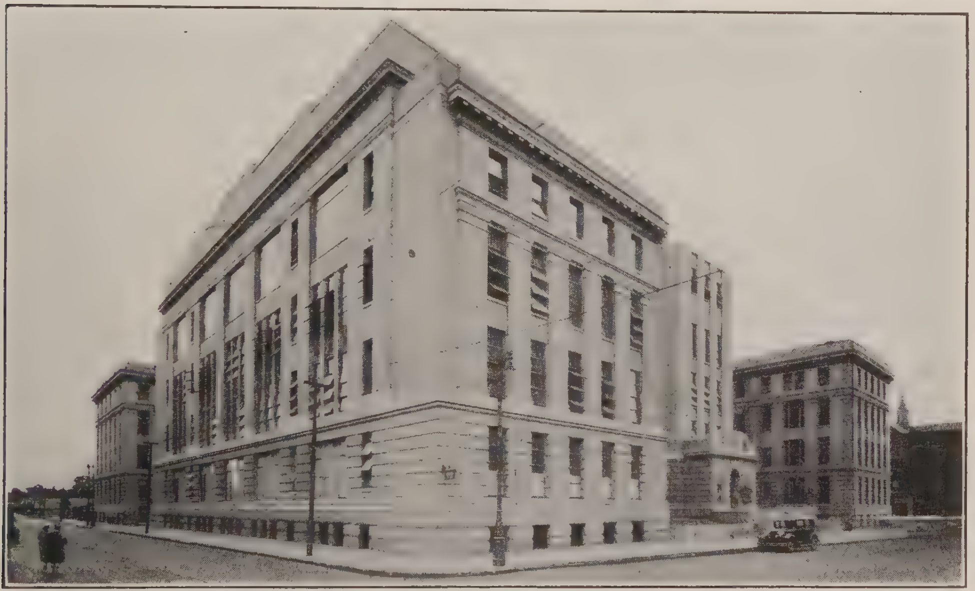
DETROIT COLLEGE OF MEDICINE AND SURGERY

The new wing may be seen at the extreme right. In this building are accommodated several laboratories and on the third floor the Medical Science Division of the Detroit Public Library. The main building is in the foreground.

"An institution known as the Michigan College of Medicine was organized in 1879, and it occupied a building on St. Antoine street, between Gratiot avenue and St. Mary's Hospital. A rivalry sprang up between the two institutions, which boded disaster to both, and in 1882 they amalgamated under the name of the Detroit College of Medicine. The building on Farmer street was then sold; the college building on Antoine street was enlarged, and in 1883 the new institution took possession. Since that time the building has been several times enlarged. In 1893 departments of dental surgery and pharmacy were added, and, still later, a veterinary department. The average attendance is about 400 students, and the standard of the school is very high. Dr. Theodore A. McGraw is president of the faculty and Dr. H. O. Walker is the secretary."[19]

THE DETROIT MEDICAL COLLEGE

The Detroit Medical College was founded in 1868, when the first faculty consisted of fourteen members. The range of medical studies may be seen from an enumeration of the various departments, one can scarcely call them specialties. For instance, Dr. E. W. Jenks, the president of the faculty, was professor of obstetrics and of diseases of women and children. Another member of this faculty was professor of clinical medicine and general pathology. The announcement of the college for 1870 goes on to say that, "With the multitude of excellent text-books on every subject, students are enabled at the present time to learn the Theory of Medicine at their own homes, with little assistance from teachers. They could, in fact, be little benefited by hearing from the lips of their professors, a mere repetition of the principles laid down by Watson, Flint, Gross and other authors, when they can read them to better advantage, and at their leisure, in the original works. But no student, however earnest, can become a good practitioner so long as he remains a mere theorist. He must study his profession with examples of its facts before him. He must study anatomy by actual dissections, chemistry by the practice of chemical analysis, and the diagnosis and treatment of dis-



THE RECEIVING HOSPITAL
The major portion of the clinical instruction is carried on in this building.

ease by the personal examination and care of patients. No institution, therefore, can prepare students properly for the practice of medicine and surgery, which does not give them opportunities to perfect themselves in that practical skill which can alone insure their success as medical men. Such opportunities can be given only in large cities, where clinical material is abundant, and in schools where the student, not lost in a crowd, may come in personal contact with his instructors, and have occasion to watch the progress of disease, and assist in surgical operations."

The Detroit Medical College was originally located on the grounds of the Harper Hospital, and Harper Hospital and St. Mary's provided the clinical facilities. The subjects taught were diseases of women, diseases of children, diseases of the eye and ear, practical pharmacy, practical anatomy and it is expressly stated that for the purpose of dissection, material will be furnished in abundance at reasonable rates. There were also courses in "analytical chemistry, materia medica, and venereal diseases. Medical botany was optional. The fees were: Matriculation fee $5.00, hospital $6.00, lecture fee $50.00, graduation fee $25.00. The prospective student was offered the inducement of low rates for living expenses, namely board and room for from $3.00 to $5.00 a week and for his benefit the following statement is made, "It is generally known that the cost of living is not materially greater for a single man in Detroit than in most country villages."

The first commencement address was given by Dr. Theodore A. McGraw and it would be appropriate for any graduating class in the United States even at the present time. He took as his subject the Latin motto *"Salus Populi Suprema Lex,"* which had been adopted as the motto of the newly organized Detroit Medical College. He impressed the importance of placing the welfare of sick humanity above personal gain. He went on to elucidate his text by stating that the practice of medicine, involving as it did questions of health and even life itself, should be conducted in a spirit of honor and generosity which might seem exaggerated in a business in which property alone was at stake.

"I believe that the temptation which is most common to physicians is to neglect the work which will render them worthy of patronage for that which will bring practice. For it is unfortunately a fact that the labor that makes one accomplished in his profession, namely the study of the natural sciences, patient observation at the bedside of the sick in house and hospital and the careful investigation of all phenomena both normal and morbid does not necessarily bring him into notice nor win for him the confidence of the people; while he who mingles with the public and takes a living interest in the events of political and social life may acquire a popularity which his attainments as a medical man do not warrant. Physicians who acknowledge only a pecuniary motive for the practice of their profession are tempted to neglect altogether their scientific studies for that intercourse with men which brings acquaintance, influence and practice." Again regarding the reaction of physicians and patients we have the following that many of us would do well to heed: "You will feel the necessity of a high motive to sustain you in your every day practice in every step of your professional life. You will feel it in cases where you will have to bear a heavy load of responsibility, for which no fee that you could command will compensate. You will find it in cases of chronic disease in which the malady will progress in spite of your efforts, in which you will grow weary of labor that seems to have no result, in which the patients get disheartened and your own courage is taxed to the utmost. It is of such cases that you will hear it said sometimes that they had been incurable and had been given up by the doctors. Gentlemen, I cannot believe that that physician does his whole duty who allows himself to despair of his patient."

And again this advice: "You should be liberal in your ideas; you should hold yourself open to the truth from whatever quarter it may come. You do not go forth as allopathists to practice allopathy, or as homeopathists to practice homeopathy nor as the adherents of any dogma, but as scientific physicians who will seek to discover facts and who will be guarded by facts in the treatment of disease."

Dr. McGraw goes on to state that it is not only the physician's right but his duty to use any remedy or method that has proven to be of actual service in the treatment of certain forms of disease. At this early date he had recognized the rapid evolution taking place in the science and art of medicine. "We have been taught," he said, "the science and art of medicine as they exist today but you must remember that they differ vastly from the methods of twenty years ago and bear in mind that the discovery of new facts and the elucidation of new principles will doubtless alter our practice very materially in twenty years to come. The physician who stands still in his profession and continues to practice through life the lessons which he learned in the schools will be necessarily retrograde in his profession." The speaker went on to emphasize the importance of sanitation and preventive medicine. This latter was a gratuitous service to the public. He then concluded his address with a reference to the Hippocratic oath: "We are assured that you enter upon the duties of your profession in a Christian era and in a Christian land, you will not hold your obligations to mankind less sacred than the heathen philosophers who lived four hundred years before Christ."

This address which space forbids giving in full is characteristic of Dr. McGraw. Dr. McGraw had been intimately identified with the Detroit Medical College almost up to the time that it was placed under the control of the Detroit Board of Education. His influence upon a vast number of physicians cannot be properly estimated. Dr. McGraw was a ripe scholar and a gentleman in the fullest sense of the term. Tall and somewhat erect in stature and always smoothly shaven he resembled in appearance Oliver Wendell Holmes, but so far as the writer knew him he lacked the scintillating humor of the author of the "Autocrat of the Breakfast Table." Dr. McGraw was always serious. Life to him was always a very important matter. He could not tolerate frivolity in any form. The writer has clearly in mind a course of lectures taken under the dean of the medical college. The subject was neoplasms. Each Friday morning at nine o'clock the professor was seated before the class. Whatever was his custom in his early years of lecturing I do not know. My acquaintance was confined to the latter years of his life. His enunciation was very clear and he spoke in well rounded periods. His lectures were given without notes and with a continuity that was easy to comprehend. The thought often struck me at the time that if these lectures could have been taken down verbatim they would have constituted medical literature of a very high type. I am using the term literature in the sense of the artful expression of thought. Dr. McGraw had a very beautiful literary style, possessing all the art of the rhetorician.

The Detroit Medical College announced in *Detroit Review of Medicine and Pharmacy* the first course as commencing early in February, 1869, "without fail," "every prospect of success," "untrammeled by debt," "admirable hospital and clinical advantages and manned by a corps of teachers who are not afraid of work," "with facilities for the pursuit of practical anatomy unsurpassed in the West."

Dr. Theodore A. McGraw of Detroit was a light to the surgical world. His reports, papers and translations appear with frequency in the early volumes of the *Detroit Review of Medicine and Pharmacy* and fill many pages. He wrote in excellent literary style, convincingly and sincerely. He was deeply interested in the study of tumors. An erudite article "Upon the Origin of Tumors and Cancer" not susceptible of abbreviation and too lengthy for republication here *in extenso* may be found in Transactions of the State Medical Society, 1885, in the files of the Michigan Historical Commission.

In a learned and elaborate paper Dr. T. A. McGraw discusses "The Germ Theory of the Etiology of Tumors."[6]

"It is only to the neoplasms proper, then, that the germ theory of which I am about to speak applies." "Pathologists learn to account for other maladies in disturbance of functions or in defects congenital, or acquired, of structure. Physiological laws are not abolished in these processes. . . . With tumors, however, the case has hitherto seemed different, and we have found ourselves confronted with maladies which seem to defy all physiological laws."

"The germ theory has undoubtedly many plausible and attractive features. . . . As a general basis for the pathology of all new tumors, however, it is much more open to criticism."

"Holding fast to the germ theory, Thiersch has found it necessary to invent another in explanation of the malignancy of certain tumors."

"Notwithstanding the novelty and attractiveness of these doctrines, I cannot think that they bear criticism as well as the older theories of Virchow."

The foregoing are excerpts. Always serious, invariably poised, never dogmatic—such was McGraw.

It is no less than a marvel the amount of time which, in his busy life, he assigned to literary pursuits. The medical journals of fifty years ago teem with contributions from his pen and it goes without saying they were of the highest degree of merit. Enumerated they would constitute a vast bibliography.

"The resources of scientific medicine, therefore, are not necessarily exhausted though a dozen respectable physicians pronounce a case incurable; nor would it be for our interest to have people think so. We believe that the impression which so extensively prevails and which medical men have done so much to establish, that regular physicians all think and practice alike, has done us, individually and collectively, a vast amount of harm."[8]

Wise words these and worthy of their author, Dr. T. A. McGraw. "Given up by the doctors" is the stock in trade of quacks, impostors and cultists.

It is to be regretted that the papers before this Section (Surgery, American Medical Association, 1878) were so numerous as to preclude the possibility of the discussion of many, among which Dr. McGraw's paper was numbered.[23] The paper was entitled "Causation, Pathology and Treatment of Cancer."

"The operation for the removal of the thyroid gland is not very difficult nor in my opinion excessively dangerous," writes Dr. T. A. McGraw in 1882.[5] "If the surgeon indeed proceeds in its conduct as did the late William Warren Greene he may expect terrific hemorrhage and bring his patient to the very gates of death." He then gives "the secret of removing the thyroid gland without loss of blood," which is "to proceed with great deliberation and caution and tie every blood vessel, even the smallest, between two ligatures before either cutting or breaking it."

In the same number of *The Clinic* Dr. McGraw gives direction, "How to Amputate a Leg." (*See* "Controversies.")

Lest a contrary impression should be established in the mind of the reader, by the adulatory references to certain distinguished characters herein, it may be expedient to record that life was not all "beer and skittles" even for Doctor McGraw.

After an impressive "Whereas" that a teacher in the adjunct faculty had been appointed by the trustees of Detroit Medical College "in conformity with the request of the president of the faculty" and another "Whereas" stating that "this action has been deliberately taken in opposition to the judgment of a considerable majority (six to four) of the faculty and avowedly to sustain a policy which we believe will result in disaster to the college, Therefore we do hereby respectfully resign our official connection with the faculty of Detroit Medical College for the following reasons." The reader will be able to guess at the rest, if not hear what the students have to say who "regret the circumstances that have caused Dr. Connor to withdraw from the faculty of the College although we heartily approve of his action in the matter for the following reasons."

The reasons given for retirement of the disaffected members and those of the students bear a strong resemblance, the whole trouble having been caused according to the newspaper story "by a strict interpretation of the medical 'code of ethics.'" "No one denies," says the pen-writer, "that Dr. Eugene Smith is what President McGraw calls a 'strong man.' He is an able oculist," et cetera, et cetera, but "a majority of the faculty kicked on the ground that Smith was not a perfectly 'legitimate doctor' because several years ago he sent out circulars and published pictures of eyes and ears."

"President McGraw found that a majority of the faculty opposed Smith and sent in his resignation." (This was the six to four.)

It appears that later the "practical business men" composing the board were so irreverent as to laugh at the "alleged 'ethics' and the 'code,' recognized Dr. Smith as a 'strong man' and appointed him to a chair in the adjunct faculty."

President McGraw recalled his resignation, whereupon nine, including Dr. Inglis (who subsequently withdrew his resignation) "got mad and resigned." The date of this exodus was April 23, 1881, and the *enragées* were James F. Noyes, George P. Andrews, C. B. Gilbert, Samuel P. Duffield, Albert B. Lyons, Leartus Connor, Hal C. Wyman, and Morse Stewart, Jr. Those who stuck it out were McGraw, Walker, Shurly and Webber.

The *Michigan Medical News* inquires anent this episode with customary zeal in the direction of clarifying an obscure situation, "Does the dog wag his tail or does his tail wag the dog.?"

Dr. McGraw in the eighties was possibly subjected to some strain over a splenotomy—a nineteen pound spleen removed—following which "the patient was too feeble to endure the shock." "Possibly," be it reiterated, Dr. McGraw was not susceptible to waspish stings and might have so regarded the review of the case by Dr. Hal C. Wyman, who writes that it "has called out a great deal of adverse criticism from the profession of this city"; or the further editorial comment that "splenotomy, viewed from any point, flavors of that brutal surgery which caused the decline of the art in France."

Pioneers in surgery and aviation have their uneasy moments and in both instances it is mainly the courageous and worth while that come to grief.

"Fair Play" believes that "when Dr. McGraw favors the profession with a report of this interesting case, it will appear that his conduct in the matter has not made the 'black blot on the escutcheon of modern surgery' which 'conservative' is so free to insinuate."[23]

This is a correct view of the matter. Dr. McGraw never undertook an act without adequate reason. He was temperamentally incapable of losing poise.

Dr. Daniel La Ferte, lecturer on orthopedic surgery in the Detroit Medical College, favors the traumatic rather than the scrofulous theory in "Pathology of Joint Affections," in part because "the largest proportion of cases occur in the lower extremity." He contributes a paper under the above title to the *Detroit Lancet*. It is interesting to note that "the rapid advancement of science in establishing new principles of treatment has not passed by this department of surgery unnoticed, when we remember the number of admirable mechanical appliances we have at our command." (This was fifty years ago.)

A touching tribute was paid to Dr. La Ferte by a friend of the writer whose son, now athletic and vigorous, was born with club feet. "Everything was dark and dreary when I left home with the boy on a four o'clock morning train. Dr. La Ferte received us cordially, gave assurances of improvement and I left the boy in his care. The following day I asked when he would perform the operation. He told me it was already done. No one could possibly be more friendly and cordial. How we parents watched that boy and massaged his feet, and in spite of the doctor's assurances, how anxious we were lest he would be unable to walk. And what joy when he took his first steps. I could cry when I think of it."

Dr. La Ferte was an accomplished anatomist. Discussing a paper by Dr. H. O. Walker on "The Pathology and Treatment of Diseases of the Joints," he called "attention of the meeting to the anatomical structures entering into the formation of joints, the bones, ligaments, cartilages and synovial membrane. Regarding the pathology of these troubles we had extremists in all theories."[7]

"The clinical advantages to be enjoyed by students in Detroit are second to none in the West, and all available material in the city will be open to students in the College.

"An important feature in the course will be the eye cliniques [*sic*] of Professor Noyes, in connection with which will be practical lectures and illustrations before the class of the use of the ophthalmoscope and otoscope."[8] (The university reporter as late as 1878 was very particular about writing it *"clinique."*)

And the University was not, cliniqually, entirely destitute. Professor Lyster read a paper before the State Medical Society at its meeting in 1869 showing for a six months' period eighty cases of ophthalmic, twenty-eight of orthopedic, three of uterine and 104 of general surgery.[8]

An "Improved Splint," the device of Dr. Lyster, is regarded by the *Michigan Medical News* "a really valuable contribution to our stock of surgical appliances."

Dr. James F. Noyes' "reception rooms being often times so crowded with patients as to embarrass and incommode him in his operations and ophthalmoscopic examinations," he "hopes to be able after the first of May to make such necessary arrangements as shall enable him to meet the increasing demand for larger and more suitable accommodations, not only for his private patients, but also, if need be, for a public clinic for charity patients."[8]

James F. Noyes was born August 2, 1817, on a farm near Kingston, Rhode Island, a direct descendant of the Rev. James Noyes, Puritan and Nonconformist, who emigrated from England and settled in Newburyport, Massachusetts, in 1634. Dr. Noyes went as a lad to the private schools near his home, ill health preventing his taking a college course. In 1842 he began to study medicine with Dr. Joseph F. Potter, of Waterville, Maine, and in 1844 took a course of lectures at Harvard Medical School; and in 1845 one at Jefferson Medical College, Philadelphia, graduating with the degree M.D. in 1846. After some post-graduate work in New York City, Dr. Noyes was appointed assistant physician in the United States Marine Hospital at Chelsea, Massachusetts. In 1849 Noyes began active work at Waterville, Maine, where he soon secured a large practice. In 1851 he removed to Cincinnati, Ohio, to form a partnership with his former preceptor, Dr. Potter. The year 1855 was spent in Europe studying ophthalmology at Berlin, with A. von Graefe and Richard Liebreich. In 1859 he again returned to Europe and studied in Paris with DesMarres and Sichel. In 1863 he settled in Detroit where he remained till his retirement in 1886, being the second regular physician to practice ophthalmology and otology in Michigan. He was a founder of the Detroit Academy of Medicine, president in 1873; member of the Michigan State Medical Society; of the American Ophthalmological Society and the American Otological Society. He was honorary member of the Texas State Medical Society; member of the Ohio State Medical Society; of the Rhode Island State Medical Society; and of the Maine State Medical Society. In 1869 he was elected professor of ophthalmology and otology in Detroit Medical College, a position held for ten years. From 1866 to 1880 he was ophthalmic and aural surgeon to St. Mary's Hospital, Detroit; and from 1863 to 1886, ophthalmic and aural surgeon to Harper Hospital, Detroit; from its foundation to 1886 he was ophthalmic and aural surgeon to the Detroit Woman's Hospital. He took great interest in the Oak Grove Hospital at Flint, Michigan, and erected an amusement building known as "Noyes Hall." Under a gruff exterior, Dr. Noyes carried a warm and sympathetic heart. If a patient gave instant attention and unquestioned obedience, Dr. Noyes was a most delightful doctor. To others he gave such attention as would inculcate proper respect for the profession in general. While in general practice Dr. Noyes had a reputation for daring and skillful surgery and till his death nothing held so much interest for him as a well performed surgical operation. He was among the first to treat strabismus by the tucking method. His first operation was done March 3, 1874, and published in the Transactions of the American Ophthalmic Society, page 274. It differed from the modern tucking in that the tendon was divided and the ends sufficiently overlapped to correct the deformity and then stitched together.

Dr. J. F. Noyes never married. He died in Providence, Rhode Island, February 16, 1896, from heart failure.

Papers:

Extensive ossific deposits in left eye, with sympathetic affection of the right eye. Detroit Review of Medicine and Pharmacy, vol. i.
Temporary blindness from lead poisoning. Ibid., vol. iv.
Dacrocystitis and lachrymal obstructions. Ibid., vol. iv.
An improved iridectomy forceps. Ibid., vol. v.
Asthenopia, causes, recognition and treatment. Ibid., vol. v.
Paracentesis membranæ tympani. Ibid., vol. vi.

Blindness from intra-cerebral tumor. Ibid., vol. vi.
Strabismus convergens a symptom, not a primary affection. Ibid., vol. viii.
Calcification of the aortic valves of the heart. Ibid., vol. ix.
The ophthalmoscope's contributions to general medicine. Transactions of the Michigan State Medical Society, vol. i.
Sympathetic ophthalmia. Ibid., 1870.
Embolism of the central retinal artery of the eye. Ibid., 1873.
Case of spontaneous iridocyclitis followed by sympathetic ophthalmia. Detroit Lancet, 1879.
Case of fatal rapidly growing intra-orbital tumor (round-celled sarcoma). Transactions of the American Ophthalmological Society, 1879.
New operation for strabismus. Ibid., 1879.
On the use of the ophthalmoscope. Transactions of the Michigan State Medical Society, 1872.
The Phys. and Surg. of U. S. W. B. Atkinson.
Trans. Mich. State Med. Soc., 1896.
Memorial Remarks. James Fanning Noyes.
Jour. Amer. Med. Association, May 2, 1896.[4]

Dr. Noyes translated from the *Journal de Medecine de Paris* for the *Detroit Clinic,* the record of a very interesting case by Dr. Copper entitled "Neuralgia of Twenty Years' Standing Cured by Stretching of the Infra-orbital Nerve."

Someone has suggested that the surgical procedure of nerve-stretching was inspired by the hymn beginning

"Awake, my soul, stretch every nerve
And press with vigor on."

Dr. Noyes was in Paris at the time and witnessed the attempt upon the life of the Emperor Napoleon III., the tragic "Orsini bomb" episode. His description of the incident was vivid to a degree.

He was a unique character. (*See* Chapter VII.)

Tuesday evening, June 8, 1869, at the "Young Men's Hall in this City," the degree of Doctor of Medicine was conferred upon thirty-one gentlemen, viz. . . . " Here follow the names. Of the graduates, Dr. C. M. Raynale of Birmingham was a successful practitioner for many years, as was also, to the recollection of the writer, Dr. V. T. McGillicuddy of Detroit.

Dr. A. B. Lyons was given an *ad eundem.*

In an excellent address to the graduating class of the Detroit Medical College in 1881,[6] the distinguished A. B. Lyons, M.D., professor of chemistry therein, said, "The theology of to-day is not that of fifty years ago. Law, probably, has changed to an *equal* degree, although there clings to its forms a certain *aromatic* savor of antiquity that reminds one of an Egyptian mummy."

The reviewer finds no objection to this other than to the introduction of superfluous adjectives which he has taken the liberty of italicizing.

During a trip in the South, Dr. John E. Clark, the learned professor of chemistry and physics, Detroit Medical College, discovered that a "colored aunty" was preparing Mississippi River water for drinking by the addition of alum and hydrochloric acid dissolved in water. He found the action both "chemical and mechanical" and the product "as apparently good water as one could want."

In his paper on "Potable Water"[7] he reveals also the interesting discovery that "it is a poor dealer today who cannot comply with the fashionable fad and have the control of some lithia spring even if it has to be 'salted.' "

The Detroit College of Medicine as has been said was in a sense the outgrowth of medical conditions following the Civil War. In 1889 the Detroit College of Medicine was housed in a building newly erected on the northwest corner of St. Antoine and Mullett streets. In 1891 the faculty secured arrangements with the House of Providence for obstetric teaching. Later the Woman's Hospital and the Children's Hospital became available for clinical teaching. Departments of pharmacy, dental surgery and veterinary medicine were added in 1891. The college during this time and up to 1912 was a stock company owned in a large measure by the faculty of the institution. The department of veterinary medicine was closed in 1899, pharmacy in 1906, and dentistry in 1909, owing to inability to support and maintain these institutions from the fees of attending students.

In 1913 came a critical moment in the life of the old college. The stockholders consented to the renewal of the charter and with the help of a large number of alumni and other physicians, a new organization was effected under the title, The Detroit College of Medicine and Surgery, and plans were laid for an endowment fund of $1,000,000 to broaden and improve the work so well carried on by the old Detroit school. The new institution was incorporated under the education laws of Michigan, August 19, 1913. It had been founded as a membership organization without profit-sharing stock. All powers and obligations of the corporation are vested in a permanent board of trustees. The teaching faculty had been reorganized, including the addition of ten full-time salaried professors, and assistants. The clinical facilities of the newly organized college included every hospital but one in Detroit.

The matter of combining the Detroit College of Medicine and Surgery with the medical department of the University of Michigan had been advocated from time to time. The scheme for such union has eventually ceased to be a matter of discussion evidently for all time to come. On July 1, 1918, the Detroit College of Medicine and Surgery was taken over by the municipality of Detroit as a city-owned institution under the direct control of the board of education. This act was confirmed by the state legislature a few months later, removing all barriers to a city-owned medical college. The perpetuation of the college was likewise insured.

The faculty of the Detroit College of Medicine as at present constituted is made up of a number of full-time professors and instructors. The city-owned hospitals are devoted to clinical instruction. Probably for general instruction in clinical medicine and surgery the facilities are as ideal as it would be possible to get them. The college faculty is made up of representatives from many medical institutions of learning, thus obviating any tendency to in-breeding. The classes as compared with those of the medical department of the University of Michigan are small, the capacity of the college being not over 250 for the whole four college years. It has maintained standards entitling it to a listing as a Class A institution.

During the history of the Detroit College of Medicine a number of unusual personages have occupied prominent teaching positions. The late Dr. H. O. Walker was an oustanding character in the annals of Detroit medicine. He was secretary of the college for many years until his death in 1912. He was early professor of anatomy and later of surgery. Dr. Walker was of medium stature and in his early years inclined to be stoutly built. He wore a moustache and sideburns with his massive chin cleanly shaven. To paraphrase Goldsmith's description of the schoolmaster,

> "A man severe he was to view,
> I knew him well and every truant knew."

Many a freshman trembled at Dr. Walker's brusque manner. Beneath this rugged exterior, however, was a very considerate and kindly disposition. The brusqueness was in Freudian phrase a defense complex concealing a sympathetic mien. Dr. Walker was a different type from the scholarly dean whose attitude towards the student body was less austere.

"Dr. Henry O. Walker, son of Robert E. and Elizabeth (Lee) Walker, was born in Detroit, Michigan, December 18, 1843. He attended the district schools which were at that time in a very primitive state, and was one of the first pupils in the original Detroit High School. After two years in the Albion (Michigan) College, he took a one year course in the medical department of the University of Michigan. After entering the university he spent two summers in the Detroit Preparatory School of Medicine, which was afterward the Detroit Medical College. In the spring of 1866 Dr. Walker was appointed as first house surgeon to the Harper Hospital, where he remained until the autumn of that year, and then entered the Bellevue Hospital College in New York City, from which he was graduated in February, 1867, with the degree of M.D. Immediately following his graduation he returned to Detroit, where he has since practiced continuously. He has been called to the following positions of responsibility and trust: The first and third vice presidencies of the American Medical Association, of which he has been a member since 1874; the presidency of the Michigan State Medical Society; the presidency of the Mississippi Valley Medical Society; presidency of the American Medical Editors' Association; presidency of the Detroit Academy of Medicine and the Detroit Medical and Library Association; the chairs of demonstrator of anatomy and lecturer on genito-urinary diseases in the Detroit Medical College; secretaryship of the board of trustees of the faculty of the Detroit Medical College, prior to its amalgamation with the Michigan Medical College in 1885, and since the amalgamation the secretaryship of the board of trustees and of the faculty of the new college and the chair of professor of surgery in, and the deanship of the veterinary department of the Detroit College of Medicine. Dr. Walker is also surgeon to St. Mary's Hospital and Harper Hospital in Detroit, and has been city physician and police surgeon of Detroit and county physician for Wayne County, Michigan. He is a member of the Order of Free and Accepted Masons; of the I. O. O. F. and A. O. U. W. Personally Dr. Walker is one of the most approachable and companionable of men. November 13, 1872, he married Sarah G. Esseltyn, of Detroit, and they have one son, Elton W."[19]

His death, occurred April 5, 1912.

"H. O." is briefly sized up as follows by Dr. Walter J. Cree who from long secretarial relations with several medical organizations in Detroit knew the old time doctors very intimately.

"H. O. Walker, whom the students were always in dread of—however, I never came in contact with him as a student—was another man like Webber. Walker met occasionally a student that refused to be bull-dozed and I really think Walker liked a fellow to fight back."

However, his allusion to Webber elsewhere given as one "particularly nice to the young man," and "his brusqueness mostly bluff to override his finer feelings" mitigates the criticism.

Dr. H. O. Walker, managing editor of *The Detroit Clinic,* did not believe in 1882 that crime was "on the increase." But this was long before the "horseless age" and the Volstead Act.

He believed—or at all events an unsigned editorial so indicates[5]—that wooden pavements were "unhealtthy" [*sic*] and that stagnant pools therein are "as great a source of sickness in our paved cities as the garbage heaps and almost as great as the sewer gas."

"Fracture of the Posterior Lip of the Left Acetabulum" is the title of a paper by Dr. H. O. Walker in the *Detroit Lancet.* It is accompanied by a wood-cut illustration—a rare occurrence in medical journals of fifty years ago.

But he was versatile and at a remote period (1884) did not disdain to write on the "Analysis of Urine"—that commonplace subject.[22]

Many of the present generation of doctors have a very clear picture of the genial Dr. Daniel La Ferte, always immaculately dressed, appearing before his classes with a smile. Dr. La Ferte, who was professor of orthopedic surgery, was also an instructor in anatomy and showed great proficiency in both. Other members of the faculty now passed away were Drs. E. L. Shurly, E. A. Chapoton, J. H. Carstens, and Eugene Smith. All these men† were of national reputation in their respective fields.

Since the college has been under the control of the Board of Education it has apparently justified what was at first an experiment in a municipal medical college. The clinical facilities for medical teaching were never more satisfactory than at present. The capacity of the college has been taxed to the utmost. This has made it possible to fill the school with students whose pre-medical training is of the highest order.

During the year 1927 a new medical building was opened on Mullett street adjacent to the college. This contains an auditorium with seating capacity for one thousand. There are also increased laboratory facilities. The Wayne County Medical library occupies the entire third floor. This library, that was at one time owned by the Wayne County Medical Society, is now owned by the city and is under the control of the library commission with a continuous committee of the Wayne County Medical Society acting in an advisory capacity. The college has access to this library, which is being improved from year to year, in the way of well selected books and periodicals. The same efficient library service is available that has been described in connection with the university medical school.

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†Biographies of those not living, whose names are omitted, appear elsewhere.

Continuing the biographies of professors of the Detroit College of Medicine:

"Leartus Connor, M.D., son of Hezekiah and Caroline (Corwin) Connor, was born in Coldham, Orange County, New York, January 29, 1843. He is a grandson of William Connor and great-grandson of John Connor, who emigrated from Castle Pollard, County of Westmeath, Ireland, settling in Scotchtown, New York, in 1767, and fought in the war of the Revolution. William Connor was a soldier in the war of 1812. Dr. Connor's mother was a daughter of Phineas Corwin, a soldier in the war of 1812; a cousin of Thomas Corwin of Ohio, congressman three terms, United States senator, and secretary of the treasury under President Fillmore; and seventh in descent from Mathias Corwin, who emigrated from England and settled at Ipswich, Massachusetts, in 1633, and in 1640 at Southold, Long Island, New York.

"Dr. Connor prepared for college at Wallkill Academy, Middletown, New York, and was graduated with the degree A.B. from Williams College in June, 1865, receiving the degree of A.M. from the same institution in 1868. He was assistant principal of Mexico Academy, Mexico, New York, from 1865 until 1867, and commenced the study of medicine in 1865, under Dr. George L. Dayton of Mexico, New York; attended one course of lectures and did laboratory work in the department of medicine and surgery of the University of Michigan, and two courses at the College of Physicians and Surgeons in the city of New York, graduating from the latter in 1870. For about seven months following he practiced medicine in Searsville, New York, and then removed to Detroit, Michigan, where he has, since 1878, devoted himself exclusively to ophthalmology and otology.

"Dr. Connor was lecturer on chemistry, including practical laboratory work, in Detroit Medical College during the years 1871-1872, and professor of physiology and clinical medicine in the same institution from 1872 until 1879, professor of didactic and clinical ophthalmology and otology from 1878 to 1881, attending physician to St. Mary's Hospital, Detroit, from 1872 until 1878, was ophthalmic and aural surgeon to Harper Hospital, Detroit, from 1881 until 1894, and consulting ophthalmologist since 1894; ophthalmic and oral surgeon to the Detroit Children's Hospital since 1887; consulting ophthalmologist to the Woman's Hospital since 1886.

"He was secretary of the American Medical College Association from 1876 to 1883; secretary of the Detroit Medical College from 1875 until 1881; president of the Detroit Academy of Medicine during the years 1877-1878 and 1888-1889 and its secretary, 1871-1872; president of the American Academy of Medicine, 1888-1889; chairman of the ophthalmological section of the American Medical Association, 1891, vice president of that association in 1882-1883, and trustee of its journal, 1883 to 1889, and 1892 to 1894; president of the American Medical Editors' Association, 1894. Dr. Connor is an active member of the Detroit Academy of Medicine; the Detroit Medical and Library Association; the Wayne County Medical Society; the Detroit Quarter of Century Medical Club; the Michigan State Medical Society; the American Academy of Medicine; the American Medical Editors' Association; the Michigan Academy of Science; and the Detroit branch of the American Archeological Institute. From 1892 to 1894 he was a member of the committee appointed by the American Medical Association to revise its code of ethics and its constitution and by-laws. He was a member of the council of the ophthalmic section of the Ninth International Medical Congress; and was a member of the Pan-American Medical Congress.

"Among his contributions to medical literature are: 'Glaucoma Produced by Mental Disturbance'; 'Syphilitic Diseases of the Eye'; 'Reproduction of the Membrana Tympani'; 'The Value of Hot Water in the Management of Eye Diseases'; 'Tobacco Amblyopia'; 'Primary Inflammation of the Mastoid Cells'; and 'Eye Complications in a Case of Cerebral Tumor'; 'Drifting—Who, How, Whither?' a medico-sociological study; 'The True Principles on Which the Medical Profession Should Be Associated and the Character of the Resultant Organization'; 'The Development of the Sections of the American Medical Association'; 'The American Medical Journal of the Future, as Indicated by the American Medical Journals of the Past'; 'The American Academy of Medicine—Its Objects, Field of Work, and Suggestions for Increase in Its Efficiency'; 'Memorial Remarks on James Fanning Noyes'; 'Needs for and Value of Public Health Work,' and 'Diseases of the Lachrymal Passages—Their Causes and Management.' He is also the author of 'Notes on the Treatment of Trachoma by Jequirity'; 'Strabismus as a Symptom, its Causes and its Practical Management'; 'The Technique of Tenotomy of the Ocular Muscles'; 'Amblyopia from Suppression, Congenital Imperfections or Diseases; Which or All?'; 'Remarks on the Management of Glaucoma'; 'Mumps as a Cause of Sudden Deafness,' and 'How We Can Obtain and Preserve the Eyesight and Hearing.'

"Dr. Connor is actively identified with the social, political, religious and business interests of the city of his residence, being a member of the Detroit Club, the Michigan (Republican) Club, the Fellowcraft Club, and the Bankers' Club of Detroit; he is an elder in the Fort Street Presbyterian Church, and director of the Home Savings Bank.

"August 10, 1870, he married Anna A., eldest daughter of the late Rev. Charles and Nancy P. (Page) Dame of Exeter, New Hampshire. Mrs.

Connor is a graduate of Mt. Holyoke College, class of 1866; is a member of the Daughters of the American Revolution, of the Society of Colonial Dames, and is president of the Michigan Mt. Holyoke Alumnæ Association. She is also a collateral descendant from Sir Francis Drake. Their children, Guy Leartus and Ray, aged twenty-two and twenty respectively, were graduated together in the class of 1897 from Williams College, each with the degree of A.B., and in the autumn of 1897 began the study of medicine, by their own choice, in Johns Hopkins University, at Baltimore, Maryland."[19]

Dr. Connor's death occurred April 17, 1911.

"The cure of sympathetic ophthalmia is involved in its prevention," and "the treatment of sympathetic ophthalmia is not to let it occur," said Dr. Connor discussing a paper on the subject by Dr. Flemming Carrow.[25]

Dr. E. L. Shurly in *The Detroit Clinic* (1882) directs his batteries, and they were effective, against the "many individuals who possess a strong tendency 'to ride hobbies'" and to be "ever ready to straddle any innovation which may chance in their way especially if it be fashionable." "Thus," he writes, "laryngoscopy and rhinoscopy—most valuable aids in the diagnosis and treatment of the diseases of the respiratory passages—have undoubtedly led many hobbyists into the practice of applying local treatment to all." He adds, "Now improper local treatment of any region of the body is apt to be mischievous." He cites illustrative cases, one of which he had "great difficulty in persuading" that his nasal catarrh was a secondary matter and the "digestion" the primary.

A successful operation by Dr. Shurly of "Laryngo-Tracheotomy for Removal of Foreign Body" was reported in *The Detroit Clinic,* 1882.

"Eugene Smith, M.D., son of J. S. and Elizabeth (Van Camp) Smith, was born at Albany, New York, June 4, 1846. At an early age he removed with his parents to Buffalo, New York, where he attended private and public schools and later took a course in St. Joseph's College. In 1863 he entered the medical department of the University of Buffalo and was graduated therefrom with honors in 1866, receiving his degree of M.D. Following his graduation he located at Mansfield, Pennsylvania, and practiced for two years, removing to Detroit in 1868, where he has since practiced continuously. Several months of 1873 and 1874 he spent in the special study of diseases of the eye and ear in New York, London, Paris, Vienna and Berlin, and to which branch of his profession he has since 1868 devoted himself exclusively. While a student in the University of Buffalo, Dr. Smith spent three years as assistant in the office of the famous surgeon, J. F. Miner, who was at that time a professor in the University. Since locating in Detroit, he has visited each year the hospitals of the principal cities of Europe, closely observing the operations performed on the eye and ear, and has gained therefrom a vast amount of knowledge. His practice extends over the entire United States, and he has won for himself not only a national, but an international reputation. In Michigan he holds a number of positions of responsibility and trust in his profession. He is professor of diseases of the eye and ear in the Detroit College of Medicine and has been for many years oculist to St. Mary's Hospital at Detroit. He is a member of the American Medical Association and was one of the founders and is ex-president of the section on the eye and ear of that association. He is a member of the Michigan State and local Medical Societies, was vice president of the former, and is ex-president of the Detroit Medical and Library Association. Dr. Smith holds high honors in the Masonic fraternity, being a thirty-second degree Mason, and is prominent and popular in both professional and social circles in Detroit. He is a surgeon of excellent ability and sound judgment, a high-minded gentleman of the purest character, cultured by wide reading and much travel, making him at all times one of the most companionable of men. He has been married twice, first in 1866 to Jane Townsend of Buffalo, New York, who died in 1884, leaving him a daughter, Mabel; in 1886 he married Carrie Freeman of Detroit, and they have one son, Eugene, Jr., and one daughter, Karolyn."[19]

"Dr. Eugene Smith sends us the following anent our discovery of the rich vein of modesty referred to in our last. 'I assure you, gentlemen, that such flattery affords me no slight gratification. Ten years association with the Detroit profession and particularly with the Detroit editors of the *News* (proverbially modest) readily accounts for the "phenonmenal degree" of absorption on my part.'

"Phenomenal Absorber! Never sponge absorbed more readily nor aught else retained more tenaciously. Modesty like virtue being its own reward, our friend has within him a perennial fountain of sweetest joy. Happy Smith!

"Dr. Eugene Smith of this city has devised a new operation for what is known as xerophthalmia and he has our gratitude for not suggesting a name for it."[23]

"Dr. Eugene Smith, Detroit's oldest practicing physician, influential in the medical life of the city for years, died last night at his home, 109 Taylor avenue [September, 1927].

"The St. Mary's Hospital clinic was founded by Dr. Smith. He was head of the clinic for thirty-seven years, also serving at times as chief of the hospital staff. During the World War he was examiner of the Board of Appeals of the Detroit selective service organization.

"Dr. Smith was one of the first three eye, ear, nose and throat specialists in the United States to come to Detroit. At a banquet recently given in honor of older members of the association, the dean of Detroit doctors told the Wayne County Medical Society about the early days, 'When I came to Detroit sixty years ago, I was considered a quasi-quack by other members of the profession because I was a specialist. All specialists then were looked upon with suspicion.' Dr. Smith is survived by his widow and two children, Dr. Eugene Smith, Jr., and Karolyn Smith Crookston of Birmingham, Michigan."[2]

Excerpt from "The Ideal Physician,"[22] "He must as a surgeon or accoucheur, have much deftness of manipulation—manual dexterity as we call it; or perhaps still better, ambi-dexterity."

Dr. Eugene Smith is said to have been ambidextrous and to have operated quickly and exquisitely with either hand.

By 1895 Dr. David Inglis had become deeply interested in the specialty of neurology. He gave to the Michigan State Medical Society, Bay City meeting, a paper on "The Nervous Affections Caused by the Poison of Gout."[25]

Dr. Inglis wrote in "Tics or Habit Spasm"[18] (February, 1918) of "a fine, capable business man" who had been "practically ostracized" and "never appeared in public" because of "a furious tic." He advised him, "Every time your head twists let it twist and give up all your useless devices to prevent it twisting. It can't twist off! Let it twist, but every time *say to yourself* (which is as much as sending an order to the sub-conscious mind) 'I won't let myself do it.' Say it hard! Mean it! Don't worry because it still twists. You are not trying to stop today's twist. You are training your subsconscious mind to take hold of you later."

"Frankly, no religious exhorter ever had a harder or longer wrestle with some sinner 'coming through' than I had, for some months, but the man won out. Won out so completely, that, when he had recovered, his partner, who had been carrying the entire business, broke down and was off duty for five months, during which time, my patient carried on the entire business alone and *never a tic*."

"Dr. Edward W. Jenks, LL.D., is a native of New York State, and was born at Victor in 1833. His early education was acquired in the La Grange (Indiana) Collegiate Institute, a school founded and in the main endowed with a generous hand by his father early in the century, and during its many years of existence one of the most famous schools of northern Indiana and southern Michigan. After fitting himself here for entering upon his professional studies, he entered the medical department of the University of New York as a private pupil of Professors J. R. Wood and William Darling. Subsequently he attended the once famous Castleton Medical College in Vermont, where he was under the tutelage of the late Professor C. L. Ford, famous as a teacher of anatomy. Upon his return to New York he found his old preceptor, Professor J. R. Wood, at Bellevue Hospital, and preferring to remain under his instruction he entered the Bellevue Hospital College, from which he was graduated in 1864, with a degree of M.D. Immediately after which he located for practice in Detroit, Michigan. His sterling worth as a citizen and physician was soon recognized, and shortly after coming to Detroit he became connected with Harper Hospital, and was a prominent member of the first staff. Upon the organization of the Detroit Medical College, subsequently the Detroit College of Medicine, in 1868, which he was largely instrumental in forming, Dr. Jenks became its first president; also filling the chair of obstetrics and diseases of women. In 1871 while filling this chair he was called upon to occupy a similar position in Bowdoin College, Brunswick, Maine, and held the same for four years, when he was obliged to relinquish the position on account of the arduous labor involved in connection with his large practice in Detroit. In 1879 he removed to Chicago, where he filled the chair of gynecology in the Chicago Medical College, but the climate proving injurious to himself and family obliged him to submit his resignation of this position and return to Detroit, where he has since devoted himself to private practice. Previous to his removing to Chicago, Dr. Jenks was connected as visiting and consulting physician with Harper, St. Luke's, St. Mary's and the Detroit Woman's Hospitals. He has always stood in the front rank of the medical practitioners of Detroit. Dr. Jenks is a regular contributor to the leading medical journals and other scientific publications, and many of his literary productions have been translated and are quoted in every section of the civilized world. One of New York's most distinguished physicians, Dr. Fordyce Barker, has said that, 'With obstetricians and gynecologists, both in the United States and Europe, Dr. Jenks has long borne a high reputation as a most efficient and useful contributor to science and practice in these departments, and as an able writer whose many published papers must be well known generally.' Dr. Jenks is a Fellow of the American Gynecological Society, of which he was one of the founders, fellow of the Obstetrical Society of London, England; member of the American, Michigan State (of which he has been president) Medical Associations; the Detroit Academy of Medicine (of which he was president); Detroit Gynecological Society, Wayne County Medical Society, and Detroit Medical and Library Association; honorary member of the Ohio State and Maine Medical Associations, Toledo Medical Society, Cincinnati Obstetrical Society, and Northwestern Medical Society of Indiana; also corresponding member of the Société Francaise d'Electrothérapie, Paris, France; Boston Gynecological Society, and other learned associations at home and abroad. In 1866 he became one of the founders and for four years was a member of the editorial staff of the *Detroit Review of Medicine,* which was the predecessor of the *American Lancet.* He was for some time an active member of the Detroit Board of Health, and in his official capacity he has rendered the city valuable service. He is connected with nearly all the prominent medical and surgical societies and associations of America and has frequently held official positions in those bodies. Dr. Jenks is actively engaged in practice, devoting the greater portion of his time to the specialty in which he has obtained his greatest success, and in which he is regarded by the profession at large as a recognized authority. Dr. Jenks received the degree of LL.D. from Albion (Michigan) College in 1878. He is at present a member of the State Board of Corrections and Charities. He has been married twice; his first wife being Julia Darling of Warsaw, New York, and his second wife the eldest daughter of the late James F. Joy, Detroit's 'grand old man.' They have two children, Martha, and Nathan, who has nearly completed his medical course in Bellevue Medical College, New York City."[19]

His death occurred in 1903.

"Dr. E. W. Jenks was chairman of the Section on Obstetrics and Gynecology [American Medical Association, 1878]. Had the tact displayed by Dr. Jenks in this important matter of securing the proper variety of papers for his section been emulated by the other chairmen, a very marked improvement in their sections would have been the result."[23]

"Dr. John Henry Carstens' father was in prison when John Henry was born in June, 1848, at Kiel, in Schleswig-Holstein; for the father had been a revolutionist, which was a really dangerous profession in Germany in those days, and especially so where those who professed were mature men. Somehow or other the powers that were looked upon revolutionary sentiments as being much more dangerous when entertained by grown-up men than when they found lodgment in the brains and enthusiams of youngsters of the student age. So it was for America for the senior Carstens and his brood, and 1849 found them in the Springwells part of Wayne County, in Michigan, just opposite the military post of Fort Wayne, which was then being constructed.

"The elder Carstens was a pharmacist by profession, but became a gardener on his arrival. One of the fruits of his disturbance of the new soil to which he attached his fortunes was the discovery of a quantity of Indian remains. He had planted himself right on one of the Indian burial-grounds which Prof. Henry Gilman later made famous by his reports on the Springwells mounds to the Smithsonian Institute.

"John Henry Carstens became a doctor at the Detroit College of Medicine, being one of its first products in this line, and he plunged at once into all the phases of his profession, including the teaching of his art. He was a fine surgeon, became a specialist on gynecology, and above all a splendid instructor. He lectured on almost every branch of his profession. The most constant reaction on the minds of his students, as they told of it in their years mature, was that he was a very honest teacher. He was not satisfied with the sum of medical knowledge at any period of his professional career, but was constantly advising the search after more of it. He was a continuous translator of medical literature from the German and the French, and his original writings were copied abroad in much volume. Dr. Carstens was a hearty and genial man, took an active interest in politics and earned the respect and affection of his community. He ran for mayor of Detroit once, but having none of the practical arts of the office-seeker, was defeated."[9]

"J. Henry Carstens, M.D., was born June 9, 1848, in Kiel, province of Schleswig-Holstein, Germany. His father, John Henry Carstens, a merchant tailor, was an ardent Revolutionist, and had been captured and was in prison when his son was born. Later on he was released, and almost immediately emigrated, with his family, to America, settling in Detroit, Michigan, where he has since remained.

"J. Henry Carstens was educated in the public schools of Detroit and in the German-American Seminary, where he spent six years. His parents lived on a farm four and a half miles from Detroit, and he was compelled to walk that distance twice a day while attending school. He early evinced an eager desire for intellectual work, excelling in his studies and taking high rank, especially in things pertaining to natural sciences and mathematics. Before reaching the age of fifteen he was compelled to leave school and enter business. He was engaged for a while in the drug store of William Thum, and later served in Duffield's drug store. He became proficient in all the details of the drug business, and for one year was prescription clerk in Stearns' drug store. He then began the study of medicine, his name being the first on the matriculation book of the Detroit College of Medicine. Even before graduation he had charge of the college dispensary, and after graduation (in 1870) he took entire charge of the college dispensary, remaining there for several years, and then, for some years, held a like position in St. Mary's Hospital Infirmary.

"He was appointed lecturer on minor surgery in the Detroit Medical College in 1871, and afterward as lecturer on diseases of the skin, and clinical medicine. He has lectured on nearly every branch of medical science, but his taste and practice gradually tended to the diseases of women, and after holding the professorship of materia medica and therapeutics in the Detroit College of Medicine for some years, in 1881, he accepted the professorship of obstetrics and clinical gynecology, and has held that position ever since.

"On 1876 he entered politics, being elected chairman of the Republican city committee, and was at the same time a member of the county committee, and held those positions for three years. He was elected to the Board of Education in 1875, and re-elected in 1879. In 1877 he was appointed president of the Board of Health, and has held numerous other minor offices.

"Dr. Carstens holds the position of gynecologist to Harper Hospital, being chief of the medical staff. He is attending physician to the Woman's Hospital, and is obstetrician to the House of Providence. He is a member of the American and Michigan State Medical Associations, and was vice president of the Detroit Medical and Library Association, is a member of the Detroit Academy of Medicine, and of the British Gynecological Society. He is an honorary member of the Owosso, and the Kalamazoo Academy of Medicine, and was president of the American Association of Obstetricians and Gynecologists in 1895, and is ex-president of the Detroit Gynecological Society. He is also prominent in many other societies, and has gained almost world-wide renown through the papers and books he has written on the different modern discoveries and treatments in medical science. He has long since given up 'general practice,' and devotes himself exclusively to abdominal surgery and diseases of women.

"Dr. Carstens was married on October 18, 1870, to Miss Hattie Rohnert, of Detroit."[19]

While yet in his senior year (he was graduated in 1870 from the Detroit Medical College) Dr. J. Henry Carstens was contributing interesting material to the *Detroit Review of Medicine and Pharmacy*. In the number for May, 1870 (Vol. V), he reported an operation by Dr. T. A. McGraw for cleft palate and with it a translation of an article of Langenbeck describing in detail the procedure which Dr. McGraw had followed.

Dr. Carstens must have been among the first to advocate the principle "let the professors encourage the junior students to study only the primary branches, and at the end of the term to pass an examination."[8]

And he wrote on "Pharmacy."[8]

He died August 7, 1920.

Dr. Charles T. McClintock (1860-1921), of Detroit, retired from practice some years before he "fell asleep and did not waken." Born in Kentucky, he spent four years at Wesleyan College, Millersburg, and received the degree of A.B. He attended Johns Hopkins, devoting attention to biology. The following six years he engaged in post-graduate study and teaching. At the University of Michigan he received the degrees of A.M., M.D. and Ph.D. and was assistant to Dr. Victor C. Vaughan in the department of hygiene. In 1894 he was invited by Parke Davis & Company to organize and equip a laboratory for the manufacture of diphtheria antitoxin.

Resigning from Ann Arbor as teacher of hygiene in 1896, he moved to Detroit and became lecturer on bacteriology in Detroit College of Medicine.

He was an original thinker, possessed breadth of vision, was an apt teacher. He had wide interests. In developing the field of serum therapy he had an important part. His medical papers were numerous. He had wide society affiliations and was sometime president of the Wayne County Medical Society. He was "loved by his friends and adored by those intimately associated with him."[18]

At a dinner given October 19, 1926, in honor of Colonel Angus McLean by the Detroit College of Medicine and Surgery, spontaneous contributions aggregating $85,000 were made toward the establishment of a research laboratory in connection with the college.[18]

The following is an excerpt from the address of Dr. G. Van Amber Brown, president of the Wayne County Medical Society:

"The splendid work of the Library Committee, which has been admirably supplemented by the special fund of $12,500 granted by the Library Commission, the gift of $1,000 cash, with income from $20,000, by Mrs. Clarence Lightner and Mrs. Theodore A. McGraw, Jr., for a collection of books on endocrinology, in memory of Drs. Theodore McGraw, Junior and Senior, as well as a definite assessment by the Wayne County Medical Society, makes this an outstanding year in the history of the library."[2]

Now that the "Behaviorists" have deprived a submissive public of *memory* it may be well to record that Dr. W. H. Lathrop, professor of physiology and diseases of the mind in Detroit Medical College (1869) says about its existence in bygone times, "Memory is certainly not mind . . . While, however, we recognize this distinction, it is true that some power to remember is inseparable from a well-balanced mind."[8] ("Memory among the Insane.")

The graduating class of the Detroit Medical College in 1882 was singularly favored by the orator of the occasion, D. Bethune Duffield, Esq., who addressed the class through the medium of an original poem entitled *"De Arte Medendi."* His son, Dr. George Duffield, for many years thereafter a prominent Detroit physician, was a member of this class.

"George Duffield, M.D., son of the late D. Bethune and Mary (Buell) Duffield, was born in Detroit, Michigan, April 28, 1859. He is a direct descendant in the sixth generation from George Duffield, of the north of Ireland, founder of the Duffield family in America, who died in 1774 at the age of eighty-four years: and a great-great-grandson of the Rev. George Duffield, D.D., who held high rank in the Presbyterian church in Philadelphia, Pennsylvania, both as literary man and as theologian, and who was joint chaplain with Bishop White in the first Continental Congress and chaplain with the rank of colonel in the Revolutionary army. Dr. George Duffield was educated in the Detroit public schools and under private tutors and was graduated with an M.D., from the Detroit Medical College in 1882. The ensuing two years he spent abroad, taking special courses in medicine in Vienna, Berlin and Heidelberg. Since his return to America and to Detroit in 1884, he has practiced his profession continuously and successfully in that city. In 1893 he became associated with Dr. Henry A. Cleland. Dr. Duffield was professor of clinical medicine in the Detroit College of Medicine."[19]

He died November 12, 1919.

At the twenty-second commencement exercises of the Detroit College of Medicine held at the Detroit Rink, March 19, 1891,

"There was music, plenty of it, much applause and general enthusiasm abounded. The people by their generous outpouring in such large numbers filled every seat in the rink, and thronging the gallery to the very wall, certainly gave hearty evidence of their confidence in the Detroit College of Medicine . . . The class of '91 may well look back with pleasurable remembrance on the great success scored last night."†

Among the graduates' names is observed that of Dr. H. C. Guillot, who became an assistant on the staff of the Pontiac State Hospital. He was highly useful in this position and later enjoyed a large and lucrative practice in Pontiac which was cut short by an untimely death.

A roster of the faculty, Detroit Medical College, 1882, appears in the *Detroit Clinic*, Volume I, Page 169. (Library Mullett Street.)

"Robert A. Jamieson, M.D., son of Andrew and Lois (Andrus) Jamieson, was born in the township of Brock, Ontario, Canada, June 16, 1843. He was educated in the public and private schools of his native town and in the McGill University at Montreal. He was graduated with an M.D. from the University of Pennsylvania in 1866, located for practice in Detroit,

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†From Dr. Walter J. Cree's Scrapbook.

Michigan, in 1870, and has ever since made that city his home. His general practice is an extensive one, but he makes obstetrical work his specialty. He is a member of the Detroit Medical and Library Association and was its president in 1886; a member of the medical staff of St. Mary's and St. Luke's Hospitals at Detroit, and is professor of clinical medicine in the Detroit College of Medicine. He was city physician of Detroit from 1873 to 1875 inclusive and has been state medical examiner for the A. O. U. W. for the past fourteen years. He is also local medical examiner for the Pacific Mutual Life Insurance Company of California and for the Provident Savings Life Insurance Company of New York City. In April, 1875, Dr. Jamieson married Emma L. Thompson, daughter of the late Joseph M. Thompson of Detroit, and they have four children: Mary J., Louise A., Robert C., and Andrew D."[19]

His death occurred August 9, 1910.

"Albert E. Carrier, M.D., son of Augustus and Fannie M. (Ainsworth) Carrier, was born at Cape Vincent, Jefferson County, New York, May 16, 1841. He was educated in the Governeur (New York) Seminary and in the public schools of Detroit, Michigan. He was graduated with an M.D. from the Bellevue Hospital Medical College at New York in 1865, and at once returned to Detroit, where he practiced for several years. Ill health caused him to abandon his professional work and he later entered the lumber business with his father. He again took up the practice of medicine in 1874, and had since limited his practice to skin diseases. He was professor of dermatology and clinical medicine in the Detroit College of Medicine."[19]

His death occurred July 4, 1907.

"John E. Clark, M.D., son of Frederick J. and Ellen (Petley) Clark, was born at Worlington, Suffolk, England, January 13, 1850. While yet a boy he removed with his parents to Toronto, and later to Norwich, Ontario, where he attended the public schools and was also instructed by a private tutor. He attended lectures in the Long Island College Hospital and was graduated from the University of Michigan in 1877, with the degree of M.D. Since that year he has practiced continuously at Detroit, Michigan. From 1879 to 1885 Dr. Clark was professor of general chemistry in the Michigan College of Medicine, and has occupied the same chair in the Detroit College of Medicine since the amalgamation of the two institutions in 1885. He was elected dean of the department of pharmacy of the Detroit College of Medicine in 1892, also professor of chemistry and toxicology in that institution."[19]

"Albert H. Steinbrecher, M.D., son of John and Maria (Fuchs) Steinbrecher, was born in Detroit, Michigan, January 11, 1858. He was educated in the public and high schools of Detroit, and at the age of fifteen entered the drug business, to which he devoted four years of hard work and study. In 1878 he commenced the study of medicine and was graduated M.D. from the Detroit Medical College in 1881. During his entire college course he was house surgeon of St. Luke's Hospital, Detroit. Directly following his graduation Dr. Steinbrecher removed to St. Ignace, Michigan, where he practiced successfully for eight years and for that entire period served as county physician; health officer for both county and city; local surgeon for the railroads passing through that place; a member of the U. S. Medical Pension Board, and proprietor of the St. Ignace Union Hospital. In October, 1889, he went to Europe and took post-graduate courses in the universities of Berlin, Vienna, and Munich, returning to the United States and to Detroit in April, 1891. Since that time Dr. Steinbrecher has been an active and successful practitioner, of his profession in Detroit. He is attending physician to St. Mary's Hospital and professor of clinical medicine in the Detroit College of Medicine."[19]

He died November 25, 1917.

"Ernest T. Tappey, M.D., son of Leopold C. and Ann (Parrish) Tappey, was born at Petersburg, Virginia, March 30, 1853. He attended the public schools of New York City from 1864 to 1868, and was graduated from the University of Michigan in 1873, with the degree B.A., receiving the degree of M.A. from the same institution in 1876. He began the study of medicine in 1873 in the office of Dr. D. O. Farrand at Detroit, Michigan, and attended one course of lectures in the Detroit College of Medicine. He was graduated with the degree M.D. from the College of Physicians and Surgeons at New York city in 1879, and continued his studies during 1879 and 1880 in Berlin and Vienna. For two months during 1890 he studied under Dr. Tait in Birmingham, England, and was with Schede in Hamburg, in the same year. Since 1880 Dr. Tappey has been an active practitioner of his profession at Detroit, has been clinical professor of surgery since 1892 in the Detroit College of Medicine, and surgeon to Harper Hospital since 1880."[19]

Edmund A. Chapoton, M.D., son of the late Hon. Alexis Chapoton, and brother of Alexander Chapoton, vice-president of the Peninsular Savings Bank of Detroit, Michigan, was born in Detroit, November 15, 1852. After a thorough preparatory course of instruction in the private school of the late Philo M. Patterson at Detroit, he entered St. John's College, at Fordham, New York City, and was graduated therefrom with honors in 1872. Returning in the same year to Detroit, he commenced the study of medicine in the Detroit Medical College, receiving his degree of M.D. from that institution in 1875. The following two years he spent in Europe, taking post-graduate courses in Berlin under Frerichs, Virchow and others of equal fame, and in Paris under Pean and Dujardin-Beaumetz. Since his return to Detroit in 1877, Dr. Chapoton has practiced his profession continuously and successfully in that city. He has filled the chair of professor of the practice of medicine in the Detroit College of Medicine."[19]

His death occurred in 1915.

Dr. Frank Banghart Walker had been associated for many years with the Detroit College of Medicine in the capacity of professor of surgery and from 1907 to 1913 as treasurer and secretary. He practiced his profession in Detroit for thirty-five years.

Dr. Walker was born at Hunter's Creek, near Lapeer, Michigan. He was graduated from the Lapeer High School in 1885. He received his Ph.B. degree from the University of Michigan in 1890 and his M.D. degree from the Detroit College of Medicine in 1892. He was a fellow and one of the founders of the American College of Surgeons.

He began his career in Detroit with Dr. H. O. Walker. This association lasted until 1812, when the elder man died.

Dr. Walker was attending surgeon at the Providence hospital and consulting surgeon at the Shurly hospital, St. Joseph's Retreat and the Michigan State hospital. He was formerly associated with the Woman's hospital and the St. Mary's hospital. He was a former president of the Detroit Academy of Surgery, the Detroit Surgical Society and the Wayne County Medical Society. He was a fellow of both the American Medical Association and the American College of Surgeons. In addition he was a member of the Mississippi Valley Medical Association, the Tri-State Medical Society, the Detroit Surgical Society, the Detroit Medical Club and the Michigan State Medical Society.

Dr. Walker contributed numerous articles on surgery to American medical journals and served as editor of *Physician and Surgeon* from 1899 to 1903.

Dr. Walker enlisted in the United States Army in April 1917. In June 1917 he was commissioned as major and in August was ordered to the Rockefeller Institute for special service. In the same month he was ordered to join Base Hospital No. 36, at the Michigan State Fair Grounds. He served as chief surgeon of Base hospital No. 36 at Vittel, France, from November 17, 1917, to January 20, 1919. He was discharged March 2, 1919. He held the rank of lieutenant-colonel in the Medical Officers' Reserve Corps.

Homeopathic Medicine

The actual beginning of homeopathic education in this state was marked by a petition to the state legislature signed by all the homeopathic doctors of the state asking for a repeal of all legislation of a restrictive nature regulating the practice of medicine; also for a homeopathic professorship for the State University. This was in 1851. The only law in existence at that time was a remnant of a territorial regulation which placed the passing upon the qualifications of physicians in the hands of the territorial medical society, which of course consisted entirely of members of the regular medical profession. The legislative committee passed favorably on the first of these requests but refused to grant the establishment of a homeopathic professorship. The next quarter of a century was characterized by constant effort on the part of the homeopathic medical profession to secure recognition at the medical college at Ann Arbor. Eventually through presenting a unanimous demand combined with petitions by homeopathic sympathizers, a homeopathic medical college was established in connection with the State University in the year 1875. This movement created a great deal of opposition from the regular profession and particularly the medical faculty of the University. It is recorded that it had become necessary for the regents to pass a resolution forbidding members of the medical department to deliver courses of lectures against homeopathy to medical students within the university halls.

The original college in 1875 consisted of two professors, namely, a professor of materia medica and therapeutics and a professor of theory and practice of medicine. Other subjects, such as anatomy, physiology, and chemistry, were to be taken in classes along with the regular students. The professorships in the homeopathic college were eventually increased so that in 1886 the faculty consisted of five chairs namely, theory and practice of medicine, and clinical medicine, materia medica, therapeutics, surgery and clinical surgery, obstetrics and gynecology, otology, ophthalmology and diseases of the nose and throat.

The Detroit Homeopathic College was opened that year and in June 1872 graduated a class of nineteen. On the faculty were L. Younghusband; E. R. Ellis; F. X. Spranger; Lucy Arnold; C. H. Kellogg; C. Ormes and others. For Michigan residents the fees were the same as at the University —$10.00 matriculation; $10.00 annual fee. Non-residents were charged $25.00 matriculation.

In 1875 by means of a rider,[†] which refused the appropriation for the university unless the regents established a department of homeopathy, in order to obtain the money to carry on the university, the regents established two chairs in homeopathy. Six thousand dollars were given them by the legislature to carry on the department. Under these circumstances, in order to give the college at Ann Arbor the fullest opportunity to succeed, the Detroit College of Medicine suspended May 1875. Some eighty-odd students were graduated; among them were M. J. Spranger, Detroit; O. R. Long, for many years head of the State Hospital, Ionia; A. B. Grant, Albion; S. F. Chase, Caro, chief medical examiner of the Gleaners; the Drs. Defendorf; Mills of Howell; Randall of Port Huron, and others.

After the regents of the University of Michigan refused the $25,000 voted by the legislature, in 1895, to remove the homeopathic department to Detroit and the money was turned back into the general fund of the state, the supreme court decided that the regents could not be coerced by the legislature, the believers in Detroit as the proper location for a medical college, decided to revise the old Detroit Homeopathic College, which had suspended when the department was opened at the University of Michigan. Through the efforts of Dr. C. A. MacLachlan, who had been long on the faculty at Ann Arbor, the charter of the college was obtained and in September 1899 the college opened its doors with an attendance of thirty students. Drs. C. C. Miller, president; H. P. Mera, vice president; S. H. Knight, secretary; D. A. MacLachlan, dean; J. M. Griffin, registrar. On the faculty were: Medicine, C. C. Miller, W. R. McLaren, M. J. Spranger, O. Long; surgery, H. L. Obetz, S. H. Knight; materia medica, H. P. Mera, E. J. Kendall; gynecology, W. H. Dailey, C. G. Crumrine; obstetrics, R. C. Rudy, R. M. Richards; pedology, G. G. Caron; ophthalmology and oto-laryngology, D. A. MacLachlan; dermatology, J. M. Griffin, anatomy, J. I. Murray, John Van Hee. Other local men filled other chairs. The college was affiliated with Grace Hospital where most of its clinical work was done and had a dispensary of its own. At first, it occupied a building on Willis, within a block of Grace Hospital, but soon bought a place of its own down town, corner of Third and Lafayette. Here the college continued to grow and prosper until the demand of the State Boards for higher standards, expensive equipment and more full paid instructors rendered the financial problem too much for unendowed, independent colleges to carry on. Consequently, the trustees of the college voluntarily suspended and the last class was graduated in 1812. Most of the students then remaining went to Ann Arbor or the Cleveland College. During the life of the college some hundred or more students were graduated.

[†] This rider was continued until the governorship of Groesbeck, when it was omitted and the expected happened. President Little announced that no provision had been made for carrying on the Homeopathic College.

The faculty of the Michigan Homeopathic College "temporarily established in Lansing" in 1871, was "of quite formidable proportions." It included an "Emeritus Professor of Materia Medica," an M. R. C. S. England (Obstetrics) and seventeen others including a "Janitor," a "Registrar" and a "Dean" by the name of Burr (not related to C. B. Burr).

"The attempt to interest the legislature in a substantial manner failed, and after a fitful existence of some two years the enterprise was given up."[12]

Dr. Newton Baldwin, born in Monroe in 1850, spent one year in the literary department, University of Michigan, graduated from the medical department in 1875; was for a year in partnership with Dr. A. I. Sawyer; spent a year 1881-1882 in New York and Philadelphia hospitals and for three years thereafter was lecturer on obstetrics and diseases of women in the homeopathic department, University of Michigan.

In 1885 "the reorganization of the faculty forced the retirement of all but one member because of internal broils" and he removed to Coldwater.[15]

Dr. James C. Wood, born in 1858 in Ohio, had a business course and pursued study for a time at a normal college in Fostoria; came to Monroe in 1877 and entered the office of Dr. A. I. Sawyer; was graduated from the homeopathic department, University of Michigan, and in 1880 became a partner of Dr. Sawyer where "a taste for surgery which he has ever since cultivated" was developed. In 1885 he became the "youngest full professor in the University" of Michigan, occupying the chair of obstetrics and diseases of women and children.[15]

Dr. M. C. Sinclair, born in 1850, and his brother Daniel S., born in 1859 in St. Thomas, Ontario, were in practice in Grand Rapids in 1891.

The former was "prominent in the organization of the College of Homeopathic Physicians of Grand Rapids" and its first President.[10]

"Dr. Franklin (Edward C.), professor of surgery in the Homeopathic Medical College, Michigan University, is the author of a number of standard medical works." Follows a list of "his many contributions to medical literature" on account of which he has been "elected honorary member of more than a dozen State Medical Societies, and a half dozen other societies of medicine."[10]

"Daniel A. MacLachlan, M.D., son of Archibald and Mary (Robertson) MacLachlan, was born at Aylmer, Ontario, Canada, November 10, 1852. He attended the public and high schools until twenty years of age, and after two years spent as a teacher,in 1876 began the study of medicine in the office of Drs. Clark of Aylmer, one of whom, Dr. George F. Clark, was a specialist on diseases of the eye and ear and a graduate of the New York Ophthalmic College. Soon afterward he entered the medical department of the University of Michigan, from which he was graduated in 1879 with the degree of M.D.; later on he attended in Toronto and passed the examinations before the College of Physicians and Surgeons of Ontario, and almost immediately afterwards began the practice of his profession at Pontiac, Michigan.

"While in college he was president of his class, and three years after graduation was elected president of the Association of Alumni of his college. After one year of practice at Pontiac and five years at Holly, Michigan, he was appointed to the chair of professor of theory and practice of medicine in the University of Michigan, which chair he filled for four years, when he received a leave of absence for study abroad, which he spent in the hospitals of London, Heidelberg, Vienna and Paris. While in the latter city he was called to the chair of professor of diseases of the eye, ear, nose and throat in the University of Michigan, and he resigned the former position to accept the latter, which he held until October, 1895, and then resigned the chair to locate permanently in Detroit, Michigan. From first commencing practice he had given special attention to diseases of the eye and ear, and since his appointment to that chair in the university he has given it his exclusive attention, his success being attested by the many patients who come from other states to receive treatment at his hands.

"During his professorship in the University of Michigan, Dr. MacLachlan was for several years secretary of the Homeopathic School of Medicine attached to that university. He is at present a member of the American Institute of Homeopathy, and was its first vice president in 1896. In 1895 he was elected as president of the Michigan State Homeopathic Medical Society, which office he held for two years, his term of office expiring in May, 1897. He is an honorary member of the New York State Homeopathic Medical Society, and one of the founders of the American Homeopathic Ophthalmological, Otological and Laryngological Society, of which he is still an active member; he is a member of the Detroit Homeopathic

Practitioners' Society, and of the medical staff of Grace Hospital at Detroit; for many years was editor of the *Medical Counselor,* then published at Ann Arbor, but now in Detroit, and is at present one of its editorial staff; he also holds high honors in the Masonic fraternity, and is a member of the Fellowcraft and Wayne Clubs.

"In 1893 Dr. MacLachlan again visited Europe, where he spent several months in the hospitals of Edinburgh, Scotland, and London, England, closely studying the operations being performed there on the eye and ear, and making an especial study of diseases affecting the vocal organs.

"In his social intercourse Dr. MacLachlan is genial, gentle and unpretentious, and gains the confidence and holds the esteem of all who have the pleasure of an acquaintance with him. In 1882 he married Bertha Hadley, of Holly, Michigan, and they have two children, Mary Winifred, and Ruth."[19]

"Oscar LeSeure, M.D., son of Prosper Le Seure, and Elizabeth (Willhoit) Le Seure, was born in Danville, Illinois, January 27, 1851. His early education was received in the public schools of his native town and he afterward attended the University of Michigan. In 1873 he was graduated from the medical and surgical department of that university. He then served six months as house surgeon in the United States Marine Hospital at Detroit. In March, 1874, he took a degree from the Bellevue Hospital Medical College at New York, and returned in the same year to Danville, Illinois, where he practiced until 1886. Being ambitious to become a more thorough surgeon, and desirous to work in a broader field than that afforded him in Danville, he made a trip to Europe and spent one year in the study of surgery, being for six months of that time a member of the staff of Paul Reclus in the Hotel Dieu at Paris, France, where he obtained much valuable knowledge relating to his profession.

"He returned to the United States in 1887, locating in Detroit, where he gave special attention to surgery and gynecology. He was appointed surgeon and gynecologist to Grace Hospital upon the opening of that institution in 1889, and now ranks as its senior surgeon. In 1892 he again went abroad, attending hospitals in Edinburgh and London. In February, 1895, he was appointed by Governor Rich as a member of the Detroit Board of Health, and in June of the same year was appointed professor of surgery in the homeopathic department of the University of Michigan. He was elected president of the Homeopathic Society of the State of Michigan in May, 1894, and a member of the Prismatic Club of Detroit the same year. In 1897 he was elected to the presidency of the Detroit Board of Health and also a member of the Fellowcraft Club. Dr. Le Seure is a member of the American Institute of Homeopathy and a number of medical societies."[19]

He died May 3, 1925.

"Robert C. Rudy, M.D., son of Preston O. and Catherine (Harding) Rudy, was born on a farm near Paris, Illinois, November 1, 1862. He was educated in the public schools of his native town and in the Butler University at Irvington, Indiana. In 1883 he entered the medical department of the University of Michigan (homeopathic school), from which he was graduated in 1886 with the degree of M.D. During his senior year in the university, Dr. Rudy was assistant to the chair of materia medica; following his graduation he was appointed resident physician and surgeon to the hospital and later in the year was appointed to the medical staff of the Alma Sanitarium at Alma, Michigan, resigning that position in 1887 to locate in Detroit, where he has since been an active practitioner of his profession. Dr. Rudy is a member of the medical staff of Grace Hospital at Detroit, and is a member of the American Institute of Homeopathy, also of the Michigan State and local Medical Societies. He is still a bachelor. He is a member of the Knights of Pythias, Royal Arcanum, Wayne Club, the University of Michigan Association of Detroit, and a Mason. He is popular in both the professional and social world of Detroit."[19]

HOMEOPATHY IN DETROIT†

The beginnings of homeopathy in Detroit are more or less obscure and date back to the early forties. It is noticeable that those who first took up homeopathy were graduates in medicine of the colleges of the dominant school and were men of education and ability. Dr. S. S. Hall, who had practiced medicine for some years, became interested in the new method and started the school.

Another early practitioner was Dr. P. M. Wheaton, with whom Dr. John Ellis became associated. Dr. Ellis was one of the early practitioners who made the name of homeopathy respected. He was born in Massachusetts in 1815 and graduated at Berkshire Medical College in 1841 and afterwards at Albany, New York, Medical College. Being a man of much skill, he did many successful operations—strabismus and the like and a very famous operation—the tying of both common carotids. He was attracted to homeopathy by witnessing many cures and gradually took up the system. He practiced in Detroit from 1846 to 1871, when he removed to New York city, where he became one of the first oil magnates and died very wealthy. Dr. Ellis was a Swedenborgian in religion and a fierce enemy of all alcoholic beverages.

A nephew of Dr. Ellis, Dr. E. R. Ellis, practiced in Detroit subsequent to 1867. It was during Dr. Ellis' time that a bill was passed by the Michigan Senate that would have made the practice of homeopathy a penal offense but the bill was defeated in the House. When the cholera epidemic occurred in 1849 the success the homeopaths had in caring for the disease, enhanced, to a large degree, the standing of this school in the eyes of the public. Dr. S. B. Thayer was a practitioner in 1849 and was one of those who vigorously advocated the establishing of a homeopathic department in the University.

Dr. Charles Hastings began practice in Detroit before 1850 and is well known to many of our citizens of today. In 1845 Dr. Elija Drake, who had studied medicine in New York, afterwards graduating from Rush Medical College, became interested in homeopathy and established a fine practice for twenty years. He was killed in a railroad accident near Ypsilanti. Dr. Harlow Drake, his son, succeeded him. In 1859 Dr. Edwin A. Lodge took over the pharmacy established by Dr. John Ellis. Dr. Lodge practiced a long time in Detroit and had three sons who became physicians, Edwin, Albert and Edward. He was the father of Mr. John Lodge, well known in political circles in Detroit, also the great-grandfather of the well known aviator, Colonel Lindbergh. Dr. Lodge was of a decidedly religious turn of mind and often preached to the public in the open air.

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†This account of homeopathy has been written by Dr. S. H. Knight of Detroit.

Homeopathic practitioners soon multiplied in Detroit and we find another generation well established with a large clientele of rich, intelligent and highly respected people. Dr. Francis X. Spranger was born in Bavaria, Germany, and came to the United States when nine years old. Dr. Spranger was educated in Benedictine College, Pennsylvania, graduated from Homeopathic College in 1862, and then came to Detroit, where he practiced many years. He died in California. Michael J. Spranger, his younger brother, graduated from the Detroit Homeopathic College in 1871 and has since practiced in Detroit and though now eighty-two years old is still vigorous and at work. F. X. Spranger, Jr., and N. M. Spranger were of the next generation. Dr. Otto Lang, son-in-law of F. X. Spranger, achieved a very extensive practice which he turned over to his son, removing to California, where he died. It is doubtful whether any three physicians ever gathered together such a large and varied practice as the two elder Sprangers and Dr. Lang. In the many years they were located in Detroit, they attended, sometime or other, nearly every family in Detroit.

Among the more strict homeopathic practitioners in Detroit were: Dr. H. P. Mera, whose two sons, Frank and Harry, followed him in the profession, and Dr. C. C. Miller, brother-in-law of D. M. Ferry, president of the Homeopathic College and of the medical staff of Grace Hospital. Associated with these physicians was Dr. Rollin C. Olin, a Civil War veteran with an enviable record and rank of Captain—a native of Wisconsin. He graduated from the homeopathic department of the University of Michigan in 1877 and practiced continuously, thereafter, in Detroit, until his death. Dr. Olin was a typical example of that fast disappearing species of the human race—the family physician. Of a genial temperament and kindly disposition, a clever diagnostician, Dr. Olin had many friends and a wonderful practice. Associated with Dr. Olin, later on, was Dr. Oscar LeSeure. Dr. LeSeure was born in Illinois and a graduate of Bellevue Hospital College 1874. In 1887 he came to Detroit, joined the homeopathic profession and associated himself with Dr. Olin. Dr. LeSeure was one of the best known physicians of the new school, at that time; a surgeon to Grace Hospital, professor of surgery at Ann Arbor for a number of years; major in the medical corps of the Spanish War, stationed at Chickamauga Hospital;

a member of the State Board of Registration in Medicine; also of the Detroit Board of Health. He remained in Detroit until a few years before his death, retiring to a farm in the Catskills, New York, and later to Hartford, Connecticut, where he died in 1926.

Dr. Henry L. Obetz graduated from the Cleveland College in 1874 and started practice in Illinois, not far from the home of Dr. Oscar LeSeure, going in 1883 to Ann Arbor and to Detroit in 1895. He was professor of surgery and later dean of the Homeopathic College at Ann Arbor. Dr. Obetz was the storm center around which the "amalgamation proposition" raged. When that idea was defeated he came to Detroit and was associated with Grace Hospital and the Detroit College. Dr. Obetz remained in Detroit until his death.

Of the men who practiced their specialties, in Detroit, of ophthalmology and oto-laryngology, were Dr. David McGuire, and Dr. Charles F. Sterling, both for a time professors at the University of Michigan; Dr. T. P. Wilson, also connected with the University of Michigan, and his son, Dr. Harold Wilson. Especial mention should be made of the few women physicians who have been connected with the school of Detroit: Dr. Lucy Arnold, who was connected with the old Detroit Homeopathic College, was a pioneer, not only in her school of medicine but also as a woman practitioner. Dr. E. Louise Orleman was born in Bortgenburg, Germany, graduated from the University of Michigan in 1887 and was connected with Grace Hospital and acquired a large clientele of women and children. Dr. Mary Willard was an ardent prohibitionist and Dr. Mary Thompson Stevens, wife of Dr. Rollin H. Stevens, eminent radiologist, has made an enviable reputation as a social worker and a successful promoter of various lines of women's activities.

The establishing and building of Grace Hospital was largely due to the efforts of two Detroit homeopathic physicians, Dr. M. J. Spranger and Dr. Charles A. Walsh. Dr. Spranger had successfully brought Mr. Amos Chaffee through a severe illness and in gratitude Mr. Chaffee offered to give the homeopathic profession land upon which to build a hospital, the land now occupied by the Grace Hospital. As the Grace Hospital expanded it acquired in the rear, land from the city on lease. The hospital now owns land on Alexandrine avenue. Mr. Chaffee afterwards gave to the hospital the land on which the nurses' home now stands, which was built by Mrs. Helen H. Newberry. Mr. Chaffee conveyed in trust to Dr. Spranger, Mary L. McMillan, Helen H. Newberry, Cleveland Hunt, Frederick Buhl and others, the land above mentioned. These same people having formed a hospital association, a quitclaim deed was given by them to the association February 11, 1881. For some time no improvement was made on the property until Dr. Walsh obtained from Senator James McMillan and Mrs. Newberry, funds with which the original main building was finished. D. M. Ferry, H. K. White and several other prominent men of the city also contributed. The hospital was opened in November 1888, under the charge of a Board of Trustees with Senator James McMillan as president, Robert Sillman as superintendent and Dr. Walsh as medical director. Dr. S. H. Knight and Dr. E. M. Hatch were house officers. On the visiting staff were most of the homeopathic physicians of the city. Prominent among them in Medicine were: Drs. R. C. Olin, C. C. Miller, M. J. Spranger, F. X, Spranger; in surgery, Drs. Oscar LeSeure, H. L. Obetz, Charles S. Morley; specialist in eye and ear, Dr. Charles T. Sterling. At the opening of the hospital forty patients were considered a large number. Today it has a bed capacity of nearly four hundred. The hospital has been enlarged several times. The Miriam Memorial Branch has been opened in the western part of the city, the gift Mr. A. M. Leland. New wards, new operating rooms, and one of the finest laboratories in Detroit, new private rooms and a new out-patient department, equipped to the latest moment—a memorial to Mr. Joseph Dailey, have been added. Under the directorship of Dr. W. L. Babcock, Grace Hospital has become one of the leading institutions of the city. Some years ago a change was made in the policy of the hospital and instead of restricting the staff to homeopathic physicians exclusively, it is now opened to any qualified practitioner. Previous to the opening of Grace Hospital the Homeopathic Hospital Association conducted a small hospital, which lasted only a short time, in the vicinity of First Street and Grand River Avenue.

A number of local medical societies have been formed; the Detroit Institute of Homeopathy organized in 1876, merged into the College of Physicians and Surgeons in 1878, later on the Homeopathic Medical Association of Detroit. At the present day most of the homeopathic physicians of Detroit belong to the Detroit Practitioners' club. The State Society organized in 1871, a successor of the Michigan Institute of Homeopathy, naturally has a large membership among the Detroit physicians.

The *Michigan Journal of Homeopathy* was started in 1848 by Drs. John Ellis and S. B. Thayer, published in Detroit for two years and later for a short time organ of the old Detroit Homeopathic College. The *American Homeopathic Observer* was started by Dr. Edwin A. Lodge in 1864 and lasted through twenty volumes until his death. It had a wide circulation, many noted contributors and great influence. The *Medical Counselor,* formerly of Chicago, Grand Rapids and Ann Arbor, became a local journal and was published in connection with the Detroit Homeopathic College with Dr. S. H. Knight and later Dr. Dale M. King as editors.

Grand Rapids Medical College

The Grand Rapids Medical College was incorporated under the laws of Michigan in 1895 and opened its first teaching session in the fall of 1896.

The faculty was constituted from some forty Grand Rapids physicians with such well known members as Drs. William Fuller, Schuyler C. Graves, Eugene Boise, C. H. White, F. D. Robertson, T. C. Irwin, G. L. McBride, Earl Bingham, F. J. Lee, J. S. Edwards, L. E. Best, M. E. Roberts, and J.

W. Riecke, holding full professorship. The course of instruction at first was three terms of eight months each, but in 1902 was extended to four years. The college was approved by the State Board of Registration in Medicine and its graduates received license to practice upon the faculty's certification of graduation. In five years it graduated forty-seven students. The approximate total list of graduates was one hundred and eight.

With increasing standards of medical education and the grading of medical colleges the requirements imposed increasing financial burden. In common with many other of these types of smaller medical schools, its articles of incorporation were surrendered in 1905. Most of the matriculates transferred to the Detroit College of Medicine and Surgery.

The natural taste of Dr. James Orton Edie of Grand Rapids led him in early life "to devote much attention to art and for some years his studies were prosecuted with the intention of becoming an artist."

He abandoned this for medical study, prosecuted at the University of Michigan in 1859-1860, and at Jefferson, from which he was graduated in 1864.

He practiced in Rockford and Lowell and after 1875 in Grand Rapids.

His biographer mentions that "by natural endowments and professional acquirements Dr. Edie is admirably adapted to the noble profession to which his life has been consecrated."[11]

In this estimate his contemporaries would doubtless concur. He filled for one year the chair of mental and nervous diseases in the Grand Rapids Medical College.

Dr. G. Parker Dillon of Grand Rapids was "graduated with honors" from the Detroit Medical College in 1896.

He was house physician at St. Mary's, Detroit; came to Grand Rapids in 1897; was in 1900 secretary of the Grand Rapids Medical and Surgical Society; was lecturer on osteology in 1897 and in 1898 professor of dermatology and syphilography in the Grand Rapids Medical College.[11]

Dr. James M. Dekraker, lecturer on diseases of the chest and physical diagnosis, Grand Rapids Medical College (1900), was born in the Netherlands in 1865, and was the possessor of a gold medal for highest standing in his class received on graduation from the College of Physicians and Surgeons, Chicago, in 1894.[11]

Dr. Cornelis Dekker, born in 1873, a native of Holland, attended the public schools of Zeeland, Michigan, from 1875 to 1890, and in 1891 entered the medical department of the University of Pennsylvania. There he was graduated in 1896. Later he studied and had hospital experience in Louisville Medical College, Kentucky.

He was, in 1900, professor of pathology and toxicology in the Grand Rapids Medical College.[11]

Dr. Harvey Jenner Chadwick, born in Indiana in 1857, graduated from Detroit College of Medicine in 1881; was four years health officer of Oceana County and served as president of Hart Village.

He occupied the chair of materia medica and therapeutics, Grand Rapids Medical College.[11]

Dr. Louis H. Chamberlain, a graduate in 1898, Detroit College of Medicine, was instructor in bacteriology Grand Rapids Medical College (1900).[11]

Dr. Marion T. Banasawitz, born in 1873, whose father was in 1900 "probably the only Siberian exile in America . . . one of the leaders in the last revolt of Poland in 1863," was educated in St. Mary's German School in Grand Rapids, St. Jerome's College, Berlin, Canada, Vermont Medical College and Grand Rapids Medical College (1896).

He was professor of materia medica and therapeutics in the veterinary department of the latter institution in 1900.[11]

Dr. George H. Baert, born in Zeeland in 1870, a graduate from the University of Michigan in chemistry in 1890, was instructor of this subject in Purdue. In 1893 he was graduated in medicine at the University of Pennsylvania, and located in Grand Rapids.

He was in 1900 a member of the Board of Education and professor of pathology and pathological chemistry in Grand Rapids Medical College.[11]

Coleman Nockalds, V.S., M.D., was a graduate of the medical department of Grand Rapids Medical College in 1899. For two years before he was professor of veterinary surgery and medicine in that institution; was a graduate V.S. from Toronto.[11]

Dr. George L. McBride, born in 1864, educated in literature at his birthplace, Port Dover, Ontario, at the Toronto Normal and Toronto Collegiate Institute, and in medicine at Toronto; M. D. S. M. Victoria University; began practice in Grand Rapids in 1892.

He was professor of surgical pathology in the reorganized Grand Rapids Medical College (1900).[11]

Dr. Reuben Maurits, born in Ottawa County in 1870, educated at Hope College, and in medicine at the University of Michigan in 1892, was instructor in gynecology at the Grand Rapids College of Medicine for one year.[11]

Dr. John Mill Wright, born in Grand Rapids in 1873, graduated from Detroit College of Medicine in 1895, was, in 1900, a member of the city Board of Education and lecturer on materia medica and therapeutics in the Grand Rapids Medical College.[11]

The Michigan College of Medicine

The Michigan College of Medicine was founded in 1879 as a joint stock company with $30,000 stock taken. A building known as the Hotel Hesse at the corner of Gratiot and St. Antoine was purchased and paid for. The location was considered ideal owing to the proximity of the new institution to St. Mary's Hospital. According to an editorial written by Dr. William Brodie, "there were as yet but two colleges in the United States whose standing compared with that of the Michigan College of Medicine which opened its doors in 1880. The two exceptions were the Harvard Medical College and the Chicago Medical College. The excellence of this institution consisted chiefly in an early attempt towards establishing a high standard of pre-medical education. And furthermore the Michigan College insisted on such requirements that the institution will be conducted in the interest of the medical profession." The first faculty consisted of H. F. Lyster, president; Daniel La Ferte, secretary; C. H. Leonard, treasurer; William Brodie, professor of clinical medicine; J. B. Book, professor of surgery; W. C. Gustin, professor of surgery and midwifery; J. J. Mulheron, therapeutics and materia medica; T. F. Kerr, professor of physiology and genito-urinary; C. H. Leonard, medical and surgical diseases of women; Charles Douglas, diseases of children and clinical medicine; Dr. McLeod, hygiene and sanitary science; Eugene Smith, disease of the eye; C. J. Lundy, clinical ophthalmology, oral surgery and laryngology; W. C. Maybury, medical jurisprudence; J. E. Clark, medical chemistry; C. C. Yemans, diseases of women.

In 1885 this school became incorporated with the Detroit College of Medicine.

The Michigan College of Medicine and Surgery was organized in Detroit in 1888. The first class was graduated in 1889, and each subsequent year until 1906, when it became extinct. In 1903 the college became consolidated with the Saginaw Valley Medical College. The Saginaw Valley Medical College came into being in 1896, the first class graduating the following year. The amalgamation with the Michigan College of Medicine and Surgery marked the closing of the Saginaw College as a separate institution. The destinies of the Michigan College of Medicine and Surgery were in the hands of the late Drs. Hal C. Wyman and E. B. Smith, both of whom had a large following in the city. The college was located at Second and Michigan Avenues. Hospital facilities were afforded by the Emergency Hospital next door.

The Michigan College of Medicine was opened September 7, 1880. "under very exceptional auspices." The history of medicine "in résumé from the earliest records down to the present time" was given by Professor William Brodie and "other addresses were made by the president of the faculty, Professor H. F. Lyster and Professor Yemans and Mulheron."

There were registered upwards of fifty students at the time of the opening and "the encouragement which the profession has given this new school is an evidence of great interest in the cause of a higher standard of education."[23]

"Any attempt at clinical teaching which does not educate the senses—the eye, the ear, the nose and the *tactus cruditus*—is a fallacy and a blunder. Such education can only be conducted through actual contact with the patient and when the medical hive becomes too large to permit each occupant to have daily intercourse with the sick it is time for it to swarm."

Therefore Mulheron advises a restriction of the number of students to one hundred, and more medical schools.[23]

In 1881 Dr. Hal C. Wyman became professor of physiology and histology, Dr. C. A. Devendorf, professor of clinical obstetrics and the puerperal diseases, and Dr. C. C. Yemans in addition to the chair of diseases of the skin received that of professor of genito-urinary diseases, Michigan College of Medicine.[23]

"The Michigan College of Medicine and Surgery was founded in 1888 by Dr. Hal C. Wyman, L. E. Maire, Dayton Parker, Willard Chaney, W. J. Hammond and a number of others. The association purchased a site on Porter Street, near Michigan Avenue, and fitted up buildings for the college classrooms, and also established the Emergency Hospital in the same building. The hospital affords clinical material for the benefit of the college, and special attention is devoted to emergency work. An ambulance answers calls, and brings accident cases to the hospital for immediate treatment. The institution has prospered in every way, is entirely free of debt, and has an average of 115 students in attendance. This property is valued at $60,000. Dr. Wyman is the dean of the college and Dr. L. E. Maire is the secretary. The faculty includes many of the leading practitioners of the city."[19]

"Dr. Hal C. Wyman, son of Dr. Henry Wyman and Zelinda (Carpenter) Wyman, was born at Anderson, Indiana, March 22, 1852. He was educated in the public schools of his native town and in the Michigan Agricultural College at Lansing, which he entered in 1865. While a student there Dr. Wyman made researches in animal and vegetable physiology, and this led him into the study of medicine, which he began under the tutorship of his father, who had removed to Michigan. In 1870 he entered the medical department of the University of Michigan, and was graduated therefrom with an M.D. in 1873. After a few months of practice he went to Europe and took post-graduate courses in Berlin, Vienna, Paris and Edinburgh, and upon his return to the United States began active practice at Blissfield, Michigan, which was his father's home. In 1879 he located permanently in Detroit, and has enjoyed a successful practice from the start. For two years Dr. Wyman was professor of physiology in the Detroit Medical College, and later filled the same chair upon the amalgamation of that institution with the Michigan College of Medicine. In 1886 he founded the Michigan College of Medicine and Surgery, in which he has ever since been professor of surgery; and also founded the Detroit Emergency Hospital, which is the clinical department of the Michigan College of Medicine and Surgery, and of which he is surgeon-in-chief. He is a member of the Wayne County Medical Society; the Detroit Academy of Medicine; the American Medical Association, and numerous other professional and fraternal organizations. Dr. Wyman was for a number of years medical commissioner of the State Board of Charities and Corrections, and has written many hand books and medical articles, including a work on abdominal surgery and a treatise on diseases of the bladder."[19]

His death occurred March 9, 1908.

"Mr. J. R. Arnold, student," writes of Dr. Hal C. Wyman's polyclinic concerning Case 1, Neuralgia of Long Thoracic Nerve, "Let us examine the seat of pain, of tenderness, more carefully." (The lesson to be drawn from this is plain as a pikestaff and requires no emphasis.) And further, "The Treatment of this case should be directed at once to relieving the pain." (Could anything be plainer?) And of the second case, Sciatica treated with Seton, "We will introduce the seton, and build up the man's general health by the liberal use of tonics. You observed as I passed the needle and drew the seton, that the man suffered no pain. Yet if I call his attention to the needle and prick his calf, or the front of his thigh, he complains of pain. We took him so unawares with our little operation, that he had no time to frame his consciousness for the receipt of painful impressions. Perhaps his consciousness was lost in contemplating the mysteries of the nervous system."[23]

This savors almost of oriental magic. Other matters are "framed" nowadays—consciousness never.

"I want you to remember the difference between inspiration and expiration," is an injunction of Dr. Wyman.[23]

Likewise to the present reviewer this appears fundamental.

"Dr. William I. Hamlen, son of John and Elizabeth (White) Hamlen, was born May 14, 1858, near Dungannon, province of Ontario, Canada: he attended the common schools in his native country until fourteen years of age, when he removed to Goderich, Ontario, where he entered the Collegiate Institute, remaining until 1876. He was successful in passing the teacher's examination for the province, and was steadily engaged in teaching until 1879, when he returned to the Collegiate Institute and took up a preparatory course for Toronto University. In 1880 he removed to Detroit and entered the Michigan College of Medicine, receiving the degree of Doctor of Medicine in 1883. Upon graduation Dr. Hamlen was appointed house physician at the hospital connected with the college, filling that position until October of that year, when he resigned to enter private practice. His first office was at 28 Miami Avenue, Detroit. In April, 1885, he entered Bellevue Hospital, New York City, where he received a partial post-graduate course. Returning to Detroit he resumed his former practice.

"Dr. Hamlen was one of the first members of the faculty of the Michigan College of Medicine and Surgery; he was secretary of this institution from 1891 to 1896, and now occupies the position of professor of chemistry and physics. He is a member of several beneficial societies and insurance companies. He is a member of several recognized medical societies.

"He was married, October 20, 1886, to Emily Pitcher, granddaughter of the late Dr. Zina Pitcher, of Detroit. They have one child, Kathleen E. Hamlen. Their present home is at 204 Lafayette Avenue."[19]

Dr. James Burgess Book, of Detroit, took his medical courses at Jefferson Medical College in Philadelphia, the medical school of Toronto University and Guy's Medical School in London. He came to Detroit, built up a large practice and associated himself with both the Michigan and Detroit Colleges of Medicine, successively, as professor of surgery. In this capacity he made some delicate experiments on nerve stretching, then a new departure in medical practice. In 1882, at the Michigan College of Medicine and Surgery, he performed an operation involving the removal of Meckel's ganglion.

It was the first successful operation of the kind in the West. He quit medical practice upon his marriage to the daughter of Francis Palms, a wealthy citizen, and devoted the latter years of his life to the care of the family fortune. His sons are leading capitalists of Detroit, engaged in carrying out a most remarkable improvement in the construction of edifices facing Washington Boulevard, with the conception of which Dr. Book is credited."[9]

"James B. Book, M.D., son of Jonathan J. and Hannah Priscilla (Smith) Book, was born in Halton County, near Toronto, Canada, November 7, 1843. His preliminary education was acquired at the Milton, Ontario, grammar school, and he matriculated in the medical department of the Victoria University at Toronto in 1862, but did not complete the course in that institution. He received his degree of M.D. from the Jefferson Medical College at Philadelphia, Pennsylvania, in March, 1865, and in June following, upon his return to Toronto, had conferred upon him the Canadian degree. He then went abroad for two years, spending one year in Guy's Hospital Medical School at London, England, and later attended clinics in Vienna and Paris.

"Returning to America in the autumn of 1867 Dr. Book located permanently at Detroit, Michigan, and practiced his profession continuously until 1892. In 1879 he was appointed as professor of surgery in the Detroit Medical College, and retained that chair after the amalgamation of said college with the Michigan College of Medicine, resigning his professorship in the Detroit College of Medicine in 1895, upon his retirement from active practice. He was also for a number of years attending surgeon to Harper and St. Luke's hospitals and police surgeon to the city of Detroit. From January 1, 1880, to the corresponding date in 1883, Dr. Book served the city of Detroit as alderman from the Third Ward. As a surgeon he is the peer of any in the State of Michigan, and has always commanded the entire confidence and esteem of his fellow practitioners and the public. Since 1895 he has devoted himself exclusively to the management of his large estate. In 1889 he married Clotilde, daughter of Francis Palms of Detroit, and they have three beautiful children: James B., Jr., Francis Palms, and Herbert V., aged respectively seven, five and three."[19]

Successful removal by Dr. J. B. Book of Meckel's ganglion for the cure of tic douloureux, and resulting in a "complete removal of the disease," is reported by William M. Catto, house surgeon, Michigan College of Medicine Hospital.[23]

"Charles Douglas, M.D., son of Peter and Rose A. (Bowles) Douglas, was born at Streetsville, Ontario, Canada, May 5, 1843. After attending the public and high schools of Streetsville and Toronto, he entered the medical department of the Toronto University and was graduated M.D. in 1864. For one year Dr. Douglas acted as house surgeon to the Toronto General Hospital and in 1865 entered upon an active and successful professional career. For two years he was located at Oil Springs (near Sarnia), Canada, and during the ensuing nine years (from 1867 to 1876) he practiced at Streetsville. In 1876 Dr. Douglas located permanently for the practice of his profession in Detroit, Michigan, making the diseases of children a specialty, in which branch he has been eminently successful. Since 1880 he has held the chair of professor of diseases of children in the Michigan College of Medicine, and also in its successor, the Detroit College of Medicine. He was for a number of years a member of the medical staff of Harper Hospital and is at present consulting physician to that institution, and senior physician to the Protestant Orphan Asylum. He is a member of the American Medical Association, Michigan State Medical Society, Detroit Medical and Library Association, and of the Jefferson Avenue Presbyterian Church of Detroit. In 1864 Dr. Douglas married Mary A. Busby of London, Ontario, and they have four children: Maud M., Olive M., Kathleen J., and Florence G."[19]

"Dr. Edgar B. Smith, son of Charles F. and Easter Ann (Moran) Smith, was born in Prince Edward County, Ontario, Canada, June 29, 1861. After a public school training he took the elective course in the Albert College and University at Belleville, Ontario, being a student in that institution during the sessions of 1882-1883. He commenced the study of medicine in the Michigan College of Medicine in 1884 and continued his studies in the Detroit College of Medicine after the amalgamation of these institutions, being graduated M.D. in 1887. He at once located in Detroit, Michigan, and has practiced continuously in that city since, building up for himself an extensive and lucrative practice. He is a member of the American Medical Association; Pan-American Medical Association; Michigan State Medical Association; Detroit Medical and Library Association; Mississippi Valley Medical Society; and of the Wayne County Medical Society, of which he is a member of the board of directors and has been its president for two terms and also its vice-president and secretary. He is also an honorary member of the Southwestern Kentucky Medical Association. Dr. Smith was for one year assistant to the chair of minor surgery in the Michigan College of Medicine and Surgery, and later filled that chair as professor for two years. He was also for two years lecturer in the department of dental surgery in the Detroit College of Medicine and has been the Michigan correspondent of the American Medical Association Journal, published in Chicago, for the last three years. The doctor is chairman of the section on surgery and ophthalmology of the Michigan State Medical Society. He is local surgeon to the Detroit, Lima and Northern Railroad."[19]

His death occurred August 11, 1914.

Dr. C. J. Lundy, professor of clinical diseases of the eye and of the ear and throat, Michigan College of Medicine, was a competent practitioner in these fields and a frequent contributor to medical journals. The *Michigan Medical News* in the eighties published many articles from his pen. He was influential in the State Medical Society and popular in the profession. His personality was attractive.

Reviewing a publication of Dr. C. J. Lundy's on "Optic Neuritis," Dr. Mulheron writes,[23] "Dr. Lundy is a careful observer and evinces the attention to minutiæ which is the secret of the successful specialist's success. There is one point, however, in the paper which is not clear to our mind, and which we would like the doctor to explain. In one of the cases he details 'the pupils were dilated, readily movable, not influenced by light, etc.' How was this?"

Dr. Lundy's explanation in a subsequent number of the journal does not completely clarify the situation, but he explains, "Aside from my desire to state the facts as I found them, I wished to convey the idea that there was no paralysis of the sphincter pupillæ which my readers might have supposed to exist from the statement that the pupils were dilated and not influenced by light, had I not also stated that they were 'movable.' "

The patient was totally blind.

"The 'Higher Standard' Boom" moved on apace after 1879 and besides the "pioneers in this advance the Chicago Medical College, Harvard and the Universities of Michigan and Pennsylvania" the *News* is "pleased to note that Bellevue Hospital Medical College and the Detroit Medical College, together with the newly organized Michigan College of Medicine have pronounced in favor of the advanced standard and the graded system."[23]

Neither the year nor month in which the following incident happened is known but it may be of interest to note that it was not on Friday (Monday is definitely mentioned). Thrilling accounts of it are contained in fragments from Dr. Walter J. Cree's scrapbook-clippings from the *Free Press, Post* and *Tribune* and *News.*

It seems that "this morning as Superintendent Reed of Mt. Elliott Cemetery was making a tour of the city of the dead he discovered in the snow numerous suspicious tracks . . . Retracing his steps to the place of discovery he followed the tracks further into the cemetery and in a few minutes came upon a half opened grave from which

The Body Had Been Exhumed."

The conjecture expressed is not altogether unreasonable that "the body was probably stolen by 'medics.' " Indeed, "a search warrant brings it to light in the Michigan College of Medicine."

James Rennie, the janitor, was arrested for "receiving stolen property"—"the peculiar laws of the State" making it necessary to charge him with "receiving, concealing and aiding in the concealment of one white shirt, one pair of drawers and one pair of socks." Ain't law wonderful?

Rennie, badly scared by the examination, emerged from the inquisitors' building where the usual "waiving" took place, on the Clinton Street side thus, very unfortunately from the "hero" aspect of the case, missing a ride in "a large armchair in which they [assembled medical students] proposed to bear Rennie in triumph back to the college." Thus are triumphal progresses thwarted, but "they carried the chair back on their shoulders and made much noise," which should have helped some.

Rennie was absolved from complicity in pilfering the haberdashery, the "confession of Albert H. Cronin, body snatcher, published in yesterday's

News" having been eventually received and which produced "a genuine sensation through the city." As to what became of one Butler, also implicated, the later accounts reveal only that he was "turned over to Sheriff Clippert for safe-keeping." No doubt he was kept safely—confinement in jail those days didn't "mean perhaps."

The *News* takes occasion to straighten out the story of its contemporaries. "Cronin was *not* on trial with Butler as stated in both the morning papers . . . under the circumstances the case against him will probably be dismissed." This after he had "fessed up," evidently startled his attorneys, who withdrew as counsel on the ground that "Cronin having conducted his own case thus far with such signal ability could manage it further without their assistance." Opposing counsel remarked that "he thought Mr. Cronin's case had been conducted quite as well as Mr. Butler's." Whereupon, "hostilities then ceased and the court adjourned." Again, ain't law wonderful?

Rennie got off with a *nolle prosequi* which glorifies and justifies the action of his arm-chair admirers.

The "Bloody Run ditch" furnished a sensation sometime in the eighties through "five human hands, portions of entrails, pieces of muscles and a whole fetus" which were found therein.

Dr. Lyster of the Michigan College of Medicine "was unable to give the reporter any definite information."

Dr. Hawes, demonstrator of anatomy at the Detroit Medical College, told of the pit that was digged for the pieces and revealed that "there is nothing left of the body to identify after we get through with it." A student is sold an arm or leg and after dissecting it "claims the bones because he has paid for them" and "sometimes they draw lots for the bones."

"Dr. George D. Stewart, demonstrator of anatomy at the Michigan College of Medicine, declined to say anything committal," which displays commendable prudence although possibly less satisfying to the news gatherers. The latter was unable to discover "where the fetus and things" came from but sleuthed it out that "an aged German, 90 years old, who drives a sort of scavenger wagon was passing the college when he was stopped by a colored by [*sic*] who called him in and pointing out a barrel to him told him to take it away, at the same time handing him 15 cents. The old man drove to the Bloody Run ditch where he emptied the barrel. It was in the evening and the driver could not see what came out of the barrel, but he says he thought it was a dead cat."

Sic transit gloria fetus (if this is the correct genitive form).

The plight of the Hebrews in making "bricks without straw" for the Egyptians is compared with that of the student required to obtain a knowledge of anatomy without access to dissecting material, by Dr. Connor in the *Detroit Lancet.*

The Michigan Anatomical Law was passed at the session of 1880-1881. It provided that bodies of deceased who had been supported in whole or in part at public expense in any county or state institution, should be, if unclaimed by a relative or legal representative, forwarded to the demonstrator of anatomy of the University of Michigan, whose duty it became to distribute them for the advancement of anatomical science, equitably among the medical schools of the University and those of Detroit proportional to the number of students in actual attendance at each.

"The New Michigan Anatomy Act" passed in 1881, deprived the resurrectionist largely of the reward which comes from toiling and moiling and obviated the necessity for further refinements in legal definition apropos such matters. "The main features of the Act are commendable," writes Mulheron,[23] but he discovers that "other schools of the State will of course under it be very largely at the mercy of the University" and that much to them "will depend on the integrity of the gentleman acting as demonstrator in the aforesaid institution."

It is interesting to note that subsequent history has revealed no blemish on the integrity of that gentleman or his successors in office and not one sordid stain has appeared upon their robes of white.

Post-Graduate Study

Of recent years a movement has been inaugurated for the promotion of post-graduate study in medicine. This is naturally the copestone of medical education in this state.

We have noticed that from the proprietary school to the state and municipal college we have had a more or less steady and continuous development. The medical department of the University of Michigan, as we have seen, began as a state owned and controlled college. The proprietary school has been entirely eliminated, or in the case of Detroit has been transformed into a municipal or city owned college. Professional education in medicine has become yearly a more costly venture, necessitating as it does increased laboratory and building facilities. With the development of scientific knowledge we have new subjects which were practically unknown as academic entities two decades ago. All this has added to the per capita expense of sending the boy to school. The fees paid by the student do not begin to defray the cost of his education. In other words, the city or the state, as the case may be, pays out a great deal more than it receives from a candidate for a medical degree. It seems, therefore, logical that the state should have certain rights in regard to its wards, for instance, to expect that the doctor should continue a student during his active life. And in return he should pay the state back in more efficient service to the sick and afflicted as well as in preventive health measures.

With this idea in view a committee on graduate study for physicians was appointed by the president of the Michigan State Medical Society to investigate the situation. That committee has already reported.† The substance of their report is that there is a demand for graduate study. Medicine has made such rapid strides that the accepted practices of yesterday may be discarded altogether or modified to accord with newer knowledge of today. The ranks of the specialist are generally, or should be at least, recruited from general practice. The general practitioner who sees fit to limit his work and to concentrate on that department in which he finds himself best adapted requires opportunities for advanced study. Already facilities have been afforded in a meager way for such purpose. To quote from the report on graduate study of medicine:

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†This report appears in the Journal of the Michigan State Medical Society, March, 1927.

> "Experience has conclusively demonstrated that medical schools flourish best as integral parts of universities. The very fact that scientific medicine is deeply rooted in the sciences of biology, chemistry and physics makes it almost imperative that a medical school be a part of a university where these fundamental sciences are maintained. Furthermore, medicine is so closely inter-related with sociology, psychology, in fact with so many of the other departments and professional schools of the university that it is almost mandatory that the teaching of medicine be conducted in the atmosphere of a university. Since the objectives, methods and other procedures for conducting post-graduate work are essentially similar to under-graduate medical teaching and to university teaching in general, arguments need not be presented here to maintain the statements that post-graduate work can be conducted most efficiently in a university's medical school. Furthermore, the teaching of post-graduate clinical medicine can be best done in a teaching hospital connected with the university's medical school. This does not mean that all post-graduate medical study should be conducted at the University's medical school and hospital."

Dr. Arthur C. Curtis, Assistant to the dean, University of Michigan Medical School, contributed to the May, 1927 number, *Journal of the Michigan State Medical Society*, an article on "Therapeutics in Pre-Medical Education—sounding a note of warning." He writes:

> "The great tidal wave of medical progress which swept over the world from 1885 to 1905 washed away the crust of empirical medicine and left in its stead a biological science from which modern bacteriology, immunology, preventive medicine, pathology, biochemistry, biophysics, and a changed medical curriculum have arisen. With the event of the mass of new thought and fact there had to occur reorganization of the fundamental ideas in practically every branch of medicine and with this change came a multitude of new ideas which had to be passed on to medical students.
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> "In the late nineties and during the dawn of the twentieth century, medical education was a whirlpool of conflicting ideas. Medicine was fast becoming an endurance contest with so much to be given in four short years that only the surface could be scratched. The host of new facts, especially in the branches of bacteriology, biochemistry, and physics made a fundamental preparation in those sciences necessary. General chemistry, organic chemistry, physics, zoology were all taught in the medical school. Crowding of courses became so great that the medical curriculum had either to be lengthened or a year or more of literary work required. Finally there arose from the conflict a combined literary and medical course of six or seven years.
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> "Again the waters seem to be rising and one sees in written manifestos and hears in spoken words from medical educators, ideas of changes with a tendency to revert back to a more classical foundation for medical students enabling them not only to be physicians, competent in their field, but to be truly men of education. It is advocated as well that the classical foundation will prepare them to better understand their medical profession. Criticism has arisen over the cut and dried curriculum all students must pursue before entering medicine, leaving them little time for the study of the humanities. One hears also objections that medical students during their literary training delve into courses bordering on popular interest and fail to gain the fundamentals. All of these criticisms make one wonder whether we are trying to create a new type of medical student with an education comparable to the scholar of the academic courses, in addition to his training as a physician; whether we are trying to train scientists in medicine rather than able practitioners; or whether we are attempting to exhume and reincarnate the student of sixty years ago.
>
> "Unquestionably one purpose of a State University is to train men to become able practitioners so that they may go out again into the state and be a benefit to the people.

The state institution should not consider it a duty to place above the training of practitioners the birth of research workers."

In the *Journal of the American Medical Association,* issue of August 17, 1929, appeared the following information concerning present day medical training in the State of Michigan:

MICHIGAN

Students who desire to practice medicine in Michigan, in addition to four-year high school education, must complete two years of work in an approved college, including courses in physics, chemistry, biology and French or German, prior to beginning the study of medicine; they must also have completed an internship in a hospital.

Ann Arbor

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL.—Organized in 1850 as the University of Michigan Department of Medicine and Surgery. The first class graduated in 1851. Present title assumed in 1915. Co-educational since organization. It has a faculty of 28 professors, 6 associate professors, 18 assistant professors, 66 instructors and lecturers; a total of 118. The entrance requirements are seventy semester hours, including courses in chemistry, physics and biology, with laboratory work, and a reading knowledge of French or German. The curriculum embraces four years of nine months each. The total fees for Michigan students are $788, $193, $193 and $190.50 for each of the four years, respectively, plus a matriculation fee of $10; for nonresidents, $80 per year additional. The matriculation fee for nonresidents is $25. The Dean is Dr. Hugh Cabot. The total registration for 1928-1929 was 644; graduates, 158. The eightieth session begins Sept. 20, 1929, and ends June 23, 1930.

Detroit

DETROIT COLLEGE OF MEDICINE AND SURGERY, 1516 St. Antoine St.—Organized as the Detroit College of Medicine in 1885 by consolidation of Detroit Medical College, organized in 1868, and the Michigan College of Medicine, organized in 1880. Reorganized with present title in 1913. The first class graduated in 1886. In 1918 it became a municipal institution under the control of the Detroit Board of Education. Co-educational since 1917. Entrance requirements are three years of college work. The faculty embraces 33 professors, 101 lecturers, etc., a total of 134. The course covers four years of nine months each and a fifth hospital intern year. The total fees each year for residents of Detroit are $200; for nonresidents, $285. The Dean is Dr. W. H. MacCraken. The total registration for 1928-1929 was 297; graduates, 47. The forty-fifth session begins Sept. 26, 1929, and ends June 21, 1930.

Note: This chapter was written in the fall of 1927. Since this time graduate facilities in medicine and surgery have been definitely established under the Department of Postgraduate Medicine of the University of Michigan.

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APPENDIX I.

The following is a complete text of the first announcement of the School of Medicine of the University of Michigan.

FACULTY

University of Michigan, Session 1850-1851

Professor Abram Sager, M.D., President, Obstetrics and Diseases of Women and Children.
Professor Silas H. Douglas, A.M., M.D., Chemistry, Pharmacy, and Medical Jurisprudence.
Professor M. Gunn, M.D., Secretary, Anatomy and Surgery.
Professor Samuel Denton, M.D., Theory and Practice of Physics, and Pathology.
Professor J. Adams Allen, A.M., M.D., Materia Medica and Physiology.

The Faculty of the Medical Department of the University of Michigan present their annual announcement.

This Department has been organized under the provisions of the statute, regulating the disposition of the University endowment, from the conviction that the time has fully come, when the means should be provided, within the borders of our own state, for the prosecution of study in the important science and art of Medicine.

In pursuance of this object, an elegant and commodious edifice has been erected, capable of accommodating a large class of students, and eligibly located upon the University grounds in Ann Arbor. From its proximity to the line of the Central Railroad, it is easy of access from all portions of the state, and moreover presents the greater advantage of being surrounded by a moral and intelligent community.

By the wise and munificent endowment of the University, the department now organized, is placed on a permanent basis, and is assured of ample means for the illustration of each of its constituent branches of study.

In organizing the details of the course of instruction, it has been the object of the Board of Regents (avoiding as much as possible hasty innovation upon time honored usages), so to modify the prevailing system of medical teaching, that a high grade of attainment on the part of the student may be secured, commensurate with the present advanced stage of Medical Science. To accomplish this object, the opinions of the profession throughout the country have pointed with remarkable unanimity to several important reforms in the existing mode of instruction.

Prominent among the proposed innovations, are pre-requisitions to entrance upon the study of medicine—extension of the lecture terms—thorough daily examinations upon the topics discussed in the lectures, and proofs of a higher degree of proficiency prior to granting the Diploma. The exigencies of the time, it is believed, call for the establishment of an institution in which these ideas can be carried into practice; and no school, perhaps, is better situated for the realization of the objects proposed, than the one referred to in this announcement.

The usual objection urged against an effort on the part of any individual college, to meet the expressed wishes of the profession, is, that the schools generally will not make the arrangement, since it involves increased expenditure by the student, who is necessarily obliged thereby to resort to those schools where the advantages, as well as the fees, are less.

Fortunately, Michigan has the desire and the ability to possess herself of the honor of being the pioneer in this important improvement. Her statutes require that the University "provide the inhabitants of this state with the means of acquiring a thorough knowledge of the various branches of Literature, Science, and the Arts," the Department of Medicine and Surgery "being especially designated. The law provides that the instruction given in this Department of the University as in all others, shall be gratuitous, the Professors being paid from the munificent fund provided the State of Michigan for this purpose by the general government.

It is reasonable to suppose that this effort will meet with a cordial response, not only from the Profession, but the public generally, as upon the rank assumed by this institution will depend, not only its own character, but to a great extent, also, the grade of medical education throughout the state.

Of Admission

Every candidate for admission shall present to the Faculty satisfactory evidence of good moral character, and also of such literary attainments as has been recommended by the National Medical Association, viz: "A good English education, the knowledge of Natural Philosophy, the Elementary Mathematical Sciences, and such an acquaintance with the Latin and Greek languages as will enable the student to appreciate the technical language of medicine, and read and write prescriptions."

Terms of Study, System of Instruction, Examinations, etc.

1st.—The course of lectures in this department will commence on the first Wednesday of October, and continue until the third Wednesday in April.

2nd.—There will be four lectures daily, except on Saturday, which day will be devoted to clinical instruction and the reading of Theses.

3rd.—Each candidate for graduation will be required to write a Thesis upon some branch of medical science once in two weeks; which Thesis will be read and defended before the class on such Saturdays as may be appointed by the Faculty.

4th.—Each candidate for graduation shall so announce himself at the close of the first, or the commencement of his second course; and shall be examined upon the subjects of Anatomy, Physiology, Materia Medica and Chemistry.

Fees

1st.—No fees are required except a matriculation fee of ten dollars which is to be paid at once, and entitles the student to all the privileges of permanent membership of the Medical Department. The Fund created by this fee is to be expended in the increase of library, museum, and other means of illustration.

2nd.—Clergymen, members of the legal profession, and graduates of other respectable Medical Institutes, may be permitted to attend the course of instruction as honorary members of the Medical Department.

Of Degrees, Et Cetera

1st.—In order that any student may be admitted to the degree of Doctor of Medicine, he shall exhibit evidence of having pursued the study of Medicine and Surgery for the term of three years with some respectable practitioner of Medicine (including lecture terms); must have attended two full courses of lectures, the last of which must have been in the Medical Department of the University of Michigan; must be twenty-one years of age; must have submitted to the Faculty an original thesis, in his own hand writing, on some medical subject; and have passed an examination, held at the close of the term, satisfactory to the Faculty.

2nd.—An allowance of one year, from the term of study, may be made in favor of graduates of the Department of Science and Arts, and of other respectable literary Colleges.

3rd.—The theses of successful candidates for the Degree are to be preserved among the archives of the College. The thesis of a rejected applicant is to be returned to him.

Of Means of Illustration

The several Departments, by a liberal appropriation from the University fund for that purpose, are enabled to illustrate fully the various topics embraced in the course, by means of plates, models, specimens in healthy and morbid anatomy, a large and well selected chemical apparatus, while, by the use of a powerful microscope, investigation may be carried, when requisite, far beyond the limits of natural vision.

The Faculty will also make free use of their private collections, until by future appropriations to this purpose, it may be rendered unnecessary.

To render this auxiliary part as complete and extensive as possible, the coöperation of the profession is respectfully solicited. Contributions of morbid, anomalous and healthy anatomy will be thankfully received, duly labelled with the name of the donor, and carefully preserved in the museum of the College. Full details of cases of morbid anatomy would be desirable, and will be properly accredited.

All surgical operations before the class will be performed gratuitously, and from the large population of the town and the adjacent country, it is confidently anticipated that numerous patients will avail themselves of the advantages thus offered.

Cases requiring medical treatment will be examined and prescribed for before the class (gratuitously), and the reason for every conclusion and prescription given, thus practically elucidating the great principles of diagnosis, prognosis, and therapeutics.

Clinical instruction, it is believed, is far better imparted in the walks of private practice, especially in that section of the country where the student intends hereafter to locate himself, than can be done in even the best regulated hospital. The hasty walk through the wards of the hospital, furnished but a sorry substitute for the close and accurate study of cases, as they occur in the professional round of the private practitioner. In the latter instance, moreover, the student acquires experience in precisely that kind of practice which he is himself soon to assume. The great principles of the science, it is admitted, are the same everywhere, but that discrimination which is necessary in their application to diseases peculiar to certain portions of the country, can only be acquired by personal observations and cautious inspection. This proposition we believe to be as well founded as the distinction between experience and inexperience. It is therefore recommended to all students during their pupilage, and the intervals of the lecture terms, to associate themselves with some well educated physicians, where they can have the advantage of seeing extensive practice, as well as receiving personal instruction. To facilitate this object the lecture term has been so arranged that the season of the year when sickness most prevails in the west, can be devoted to this end.

Arrangements have been made by which an ample supply of material for the department of anatomy has been secured, and the dissecting room will have the personal oversight of Professor of Anatomy. No fee for dissecting room privileges is required; and only charge being the actual cost and transportation of the material employed. This can be obtained at as low a rate as at any other country institution.

It is contemplated establishing a summer reading term, in connection with, and in a degree preparatory to, the winter term. Attendance upon this term (if established), will be highly desirable, though not obligatory upon the student. A higher grade of preliminary qualification is also a matter under serious consideration. Of each of these changes, when made, due notice will be given.

Students are earnestly requested to be in attendance upon the first day of the term, as the regular course of instruction will commence upon and continue from that day.

Text Books

The following text books are recommended:
Anatomy—Horner, Pancoasts' Wistar, Wilson, Cruveilhier.
Physiology—Carpenter, Dunglison, Kirkes and Paget.
Materia Medica—Wood and Bache, Dunglison, Pereira.
Theory and Practice—Wood, Watson, Stokes and Bell.
Pathology—Stille, Williams by Clymer, Gross.
Physical Diagnosis—Bowditch, Barth and Rogers.
Obstetrics—Hamsbothan, Meigs, Churchill.
Diseases of Females—Churchill, Dewees and Ashwell.
Diseases of Children—Condie, Eberle, West, Stewart.
Surgery—Druitt, Gibson, Chelius, Ferguson.
Med. Jurisprudence—Taylor, Beck.
Chemistry—Turner, Kane, Graham, Draper.
Pharmacy—Mohr and Redwood.

Expenses

Good board can be readily obtained in private families and hotels of the village, for from $1.25 to $2.00 per week; or with room, fuel and lights from $1.50 to $2.00.

Any further information may be obtained by addressing the President or Secretary of the Medical Faculty at Ann Arbor.

APPENDIX II†

An announcement of the department of medicine and surgery and law concerning the sessions of 1865-1866 states that there are 414 students in attendance at the College. Other information is to the effect that the professors in the medical school are paid entirely from the interest from the sale of certain lands donated by the congress to the University of Michigan. No tuition or lecture fees were charged at this time. All instruction being gratuitious. The object of free instruction was not necessarily to diminish the expenses of the students but to enable them to attend the college longer and to give them a more thorough course than they could otherwise afford. Another object it was stated which the founder of the institution had in view was to remove from the offices all pecuniary interest in the graduation of the candidates and to insure that the honor of the college should be given on the grounds of competent attainments alone. It is further mentioned that no graduation fee was required except that each graduate was assessed $3.00, the actual expense of parchment which comprised his diploma. A fee of $5.00 was also assessed medical students for the privilege of the dissecting room. The medical course consisted of three years medical study with some reputable practitioner of medicine and surgery including lecture terms. The duration of medical study was shortened in certain cases by an allowance of six months in favor of graduates of the college of arts and science of the University and of other reputable literary colleges.

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†Summary of 1865-1866 announcement.

Even at this early period in the history of medical instruction an attempt was made to supplement the didactic lecture with what had later developed into very elaborate laboratories. The various topics embraced in the different courses were illustrated by means of "plates, models, specimens in healthy and morbid anatomy, the miscroscope and a large and well selected chemical apparatus."

Facilities in clinical observation consisted of medical and surgical clinics on Wednesdays and Saturdays. Emphasis was also placed upon practical anatomy with the inducement of an abundance of dissecting material at "as low as at other institutions of the kind."

The low cost of living at Ann Arbor at this time consisted of good board in private families or in the hotels of the city at $3.00 and $4.00 a week. By forming clubs the expenses of board could be reduced to but little more than half of these prices. It ceased to hold out the cheapness of living cost as an inducement to students.

APPENDIX III

The following compilation by the *Journal of the American Medical Association* shows in brief the vicissitudes of medical educational institutions in Michigan.

MICHIGAN

Mich. 1.—University of Michigan Medical School, Ann Arbor. Organized 1850. First class graduated 1851, and a class graduated each subsequent year.

Mich. 2.—Detroit Medical College. Organized 1868. First class graduated 1869, and a class graduated each year to 1885, when it consolidated with the Michigan College of Medicine to form the Detroit College of Medicine.

Mich. 3.—Detroit Homeopathic Medical College. Organized 1871. Extinct 1876.

Mich. 4.—Michigan Homeopathic Medical College, Lansing. Organized 1872. Extinct 1873.

Mich. 5.—University of Michigan Homeopathic Medical School, Ann Arbor. Organized 1875. First class graduated in 1877, and a class graduated each subsequent year, including 1922, when the school was abolished by the Board of Regents.

Mich. 6.—Michigan College of Medicine, Detroit. Organized 1880. First class graduated 1881, and a class graduated each year to 1885, when it consolidated with the Detroit Medical College.

Mich. 7.—Detroit College of Medicine and Surgery, Detroit. Formed 1885 by consolidation of Detroit Medical College and the Michigan School of Medicine, taking the name of Detroit College of Medicine. Present title assumed in 1913. First class graduated 1886, and a class graduated each subsequent year. The dean is Dr. W. H. MacCracken.

Mich. 8.—Michigan College of Medicine and Surgery, Detroit. Organized 1888. First class graduated 1889, a class graduated each subsequent year. In 1903 consolidated with Saginaw Valley Medical College. Last class graduated 1906. Extinct 1907.

Mich. 9.—Saginaw Valley Medical College, Saginaw. Organized 1896. First class graduated 1897, and a class graduated each subsequent year, including 1903, when it consolidated with the Michigan College of Medicine and Surgery.

Mich. 10.—Grand Rapids Medical College. Incorporated 1897. First class graduated 1898, and a class graduated each subsequent year including 1907, when it became extinct.

Mich. 11.—Detroit Homeopathic College. Organized 1899. First class graduated 1900, and a class graduated each subsequent year. Extinct in 1912.

Mich. 12.—Michigan School of Homeopathy and Surgery, Detroit. Incorporated Feb. 23, 1863. Extinct.

Mich. 13.—Michigan Eclectic Medical College, Detroit. Incorporated April 20, 1880. Extinct.

Mich. 14.—Detroit University of Rational Medicine and Surgery, Detroit. Incorporated Aug. 9, 1880. Extinct.

Mich. 15.—Detroit University of Medicine, Detroit. Incorporated Nov. 30, 1881. Extinct.

Mich. 16.—Michigan Medical College, Lansing. Organized 1871. Extinct 1873.

Chapter X

A Great Medical Teacher, Surgeon, Soldier

Dr. Theodore A. McGraw

who
Late in life expressed regret
That he had not in days of his youth
Learned to play

"My life was narrowed to study and work."
—Dr. T. A. McGraw.

CHAPTER X

A Master Surgeon[†]

Dr. Theodore A. McGraw

By Frederick A. Coller,[‡] M.D., Ann Arbor, Michigan

A SURGEON is in the proper sense of the word one who does manual work. The original Greek word from which it is derived was used to designate a cook, a player of the harp, as well as a physician who worked with his hands. Little by little the word lost its vague and general application and in the works of Celsus early in the Christian Era the term is used in a precise fashion to designate the physician who treats certain lesions by a manual act. Since that time the word has been deformed in many languages but always meaning one practicing that branch of therapeutics which necessitates the use of the hands and instruments. From humble beginnings it has become a scientific technic, precise in its execution and constantly more definite in its results.

When one considers the amount of attention lavished on the medical sciences from earliest times their progress has been slow, but the surgery of today is a science taking its true origin in the middle of the last century. The very factors that have widened its scope and increased its safety have by a curious paradox actually tended to increase its mortality and add factors of danger. The further surgery advances, the more delicate and precise its technic becomes, making a tool that should be used only with the greatest discretion and judgment by the trained hand. Before Listerism and anesthesia the enormous immediate dangers inherent in any surgical procedure required a stoutness of heart and background of training that kept surgical practice in the hands of the qualified few. The removal of the fear of sepsis and the necessity for speed and the reduction of surgical operations to a formula allowed surgery to be practiced by anyone with a patient. The greater pecuniary rewards associated with this type of work furnished the incentive for its execution.

The profession and their patients have suffered by this abuse of a practice requiring great judgment, broad experience and a long discipline, by the occasional untrained operator. This fact has been generally recognized and led to the formation of the American College of Surgeons, who have done much to correct the gross abuse of surgery by their standardization of hospitals and by the requirement of special training in their candidates. Their efforts along these lines will undoubtedly bear greater fruit as time goes by.

[†] Presented at the Annual Meeting of the Michigan State Medical Society at Detroit, September 27, 1928. Chairman's address Surgical Section. Reprinted from the *Journal of the Michigan State Medical Society*, January, 1929.

[‡] Frederick A. Coller, M.D., graduate Harvard University Medical School, 1912; resident surgeon Massachusetts General Hospital, 1914-1915. Professor of Surgery, University of Michigan Medical School.

That there is need of improvement is shown graphically by a study of the vital statistics by Willis. He shows that the mortality following all of the common operations has increased since the war, due, in his opinion, to the great increase in the number of partially trained men attempting to do surgery since that time. Much thought has been devoted to the formulation of the proper training required for the making of a surgeon and an increasingly large number of well qualified surgeons are being turned out each year. Many of these men find that after years of training, when they start their practice, that it comes all too slowly because they cannot compete with men with inferior training who will split fees. There is no doubt but that the greatest factor destroying the incentive to good training and encouraging a low grade of surgical performance is fee splitting. Until this situation is rectified we will not arrive at the highest surgical standards. We cannot remain pessimistic when we note the solid progress surgery is making and we can become positively enthusiastic when we see the great numbers of our profession who live up to the highest traditions of the craft. It is in the lives and works of these men that surgery reaches its greatest glory, while the progress of surgery is best studied in their biographies rather than in a criticism of trespassers in our fields. No field of human endeavor offers greater or more stimulating personalities for study and emulation than does surgery and in this study we find answers to the problems that vex the present.

In proof of these assertions I will recall to you the life and works of one who represented the highest attributes of our profession and whose personality and influence were second to none in developing the ideals and science of surgery in this country, Theodore A. McGraw. A study of his life gives a perspective on surgical progress during all of its vital phases and his character, activities and teaching ennoble our profession.

Theodore A. McGraw was born in Detroit in 1839, the son of Alexander C. and Susanna Walker McGraw. He attended a private school in Detroit conducted by Mr. Bacon, later going to the public schools. After finishing his preparatory work he attended the University of Michigan in 1858-1859. There were at that time no high schools and the universities and colleges were, in his own words, "indifferent high schools masquerading under more imposing names."

At that time the University of Michigan had a unique feature, a chemical laboratory for students that proved a true cradle for scientists and again in his own words, "I have always regarded it as one of the happiest events of my life that when a student in the University I was influenced by Professor Douglas to enter his laboratory for practical instruction." Undoubtedly his scientific viewpoint was initiated here in Douglas' laboratory.

He received the degree of Bachelor of Arts in 1859. Intending to become a lawyer, in the latter part of this year he went to Germany and commenced his studies in jurisprudence in the University of Bonn. Here he became acquainted with the professor of anatomy, and because of this contact he began the study of anatomy. His keen interest in this led to a change in his plans and he left law and began the study of medicine. After two semesters in Bonn he went to Berlin, where he continued his studies until 1862. Because of the outbreak of the Civil War he left his medical studies and returned home to support the cause of the North.

Convinced of the advisability of completing medical work, he entered the College of Physicians and Surgeons in New York and received his degree of Doctor of Medicine in 1863. He was shocked at the laxity *of* method in the American schools. He said: "I found to my amazement that admission to the college, as regards medical qualification, was nearly free to all comers. In the graduating class were men who had spent their first two years of study in a preceptor's office. Everyone was obliged to take two courses of lectures, but as each course was only four months long, the two could be taken in one year. There were no obligatory laboratory courses except anatomy and all instruction was given by didactic lectures. There was no division of the classes and the man who spent three years in a medical school was obliged to listen three times to the same talk."

After receiving his medical degree he took a position as contract surgeon in the United States Army and was stationed in Jefferson Barracks in Missouri. The work here was routine in character and one gathers that he was disappointed in the lack of opportunity for service and self-improvement. After three months of this work he applied for a commission as surgeon of volunteers, passed his examination and entered active service as assistant surgeon with the rank of first lieutenant. From this time until the end of the war his experiences were stirring. He was first in charge of a surgical ward in the military hospital in Chattanooga, later having charge of a smallpox hospital. He saw the Battle of Lookout Mountain from his hospital station. Late in the war he was attached to the staff of General J. H. Wilson, the federal cavalry leader, and was with him in his raid through Alabama. Being left behind in charge of some wounded, he was captured by General Forrest, but was soon released on parole.

The war ending, he left military life, returning to Detroit to take up the practice of his profession. He thus started with a superb equipment, a technical training far better than was usual in those days, and with the initiative and confidence acquired by his varied intensive military experience. The influence of the young surgeons returning from their war experience was a profound one and changed the character of medical practice in the next generation. Many of them realized the inadequacies of the preceptorial system under which they had been educated and in the desire to get a place in which to develop their knowledge, actually founded medical schools. The great rise in the number of schools at this time attests to this truth and in most instances the proprietary medical schools that later were so severely and perhaps justly criticised, had their inception more often in the desire of a group of men for medical advancement and self-improvement than for financial betterment. The time came when this type of school could no longer cope with the increasing demands of medical education and they disappeared, but they mark a step between the older preceptorial system and the modern school of medicine.

Dr. McGraw's experience in Germany had made him profoundly dissatisfied with American medical schools and in 1869 he, with others, founded the Detroit College of Medicine as a summer school. In 1871 he was invited to accept the chair of surgery in the University of Michigan, which he did for one session. Here he found conditions similar to those existing in New York, with the exception of the laboratory work in chemistry. The situation was far from satisfactory. The faculty wished to raise standards, but was afraid they would lose their students if they did, and thus lose their only income, that from students' fees. He had enough material for a weekly clinic, but no place to treat patients after operation. The endeavors of the faculty to make any changes in the system met with determined opposition from the politicians and the public and Dr. McGraw then devoted his entire attention to the Detroit College of Medicine, where he was professor of surgery until he retired.

After the reorganization of this school in 1885, he became president and dean, holding these positions until his retirement in 1915. In speaking of the impulses that led to these activities, he says: "I had discovered in my two years of army activity that I was deficient in that exact knowledge of anatomy that was essential to good surgery. The advent of antiseptic and aseptic surgery, besides, had opened a new field for operative work, that of the abdomen, which demanded a study of anatomical relations, which had never been taught in the schools. The period was marked by the appearance of new operations which had been devised and perfected during operative work on the lower animals. It seemed to me to be imperative, if I were to advance in my profession, that I should have facilities for dissections and other work that can be found only in a medical college. There was another reason in that usual desire to teach, so common in the medical profession since the time of Hippocrates."

He thus early had the desire for self-improvement, to experiment and to teach and to fulfill this desire he founded a medical school. Early in his career he began to write and one can hardly find a volume of the old *Peninsular Journal of Medicine* or the *Physician and Surgeon,* and at a later date, the *Detroit Medical Journal,* without many case reports, clinical papers and experimental observations from his pen. He soon became a national figure because of his pioneer work in abdominal surgery, particularly intestinal anastomosis. In 1891, Dr. McGraw delivered the chairman's address before the Section on Surgery and Anatomy, "Upon the Use of the Elastic Ligature in the Surgery of the Intestines," and his reputation became international. This work was no happy chance, but was the result of several years of careful experimental work, carried on with his assistants, Ives, Ireland, Hickey and Warren. His writings show a wide acquaintance with the literature and a protean interest in surgery. Hardly a subject of surgery but what was illuminated by him, especially one notes his interest in cancer and intestinal obstructions. As an instance of his daring pioneer surgery we may recall that he did the thirty-seventh operation on goiter done in this country, in 1882. The case afterwards developed myxedema and was examined by Sir William Osler at the request of Dr. McGraw.

His success in teaching is attested by a great number of prominent able men who received their early training and enthusiasm at his hands and by the almost idolatrous worship they had for him. One of them states: "The student felt the magnetism of his personality, his erudite diction was singular, his faculty of imparting knowledge exceptional, his descriptions, analysis, discourse and persuasion were a revelation, his disquisitions, especially those on tumors, were well correlated masterpieces and classics of their time."

He always preached longer and more careful training for surgeons and condemned the attempt to operate without sufficient training and education. In his words, "modern methods of surgery admit of such radical procedure that the young surgeon is inclined to lose his respect for the human body. He thinks he can cut in at will and produce sweeping cures immediately. Patients share this notion to a large extent and are eager to submit to major operations which they have come to regard as trivial. Special equipment should be required of the surgeon. The young graduate in medicine should not be permitted to exercise his zeal for operating until he has perfected himself through assisting older men. I believe a law calling for a special degree would be of value."

His relation to his patients was that of a Christian gentleman always ready to give all he had of time, skill and sympathy to all who asked.

In person modest, almost to a fault, upright, sympathetic with the weak, but quick to rebuke a wrong. He received every civic and scientific honor that could be given by the profession and his friends when he died in September, 1921. It seems that he can be epitomized in the definition of a surgeon written by Guy de Chauliac in the fourteenth century:

"The conditions necessary for a surgeon are four: first, he should be learned; second, he should be expert; third, he must be ingenious; and fourth, he should be able to adapt himself. It is required for the first that the surgeon shall know not only the principles of surgery, but also those of medicine in theory and practice; for the second, that he should have seen others operate; for the third, that he should be ingenious, of good judgment and memory to recognize conditions; and for the fourth, that he be adaptable and able to accommodate himself to circumstances. Let the surgeon be bold in all sure things, and fearful in dangerous things; let him avoid all faulty treatments and practice. He ought to be gracious to the sick, considerate to his associates, cautious in his prognostications. Let him be modest, dignified, gentle, pitiful and merciful; not covetous nor an extortionist of money; but rather let his reward be according to his work, to the means of the patient, to the quality of the issue and to his own dignity."

So long as our profession can produce master surgeons such as Theodore A. McGraw as examples for newer generations of surgeons, our only errors will be when we deviate from the path they have blazed.

Dr. W. K. West (Hinsdale, Illinois):† I am writing to congratulate you on your article "A Master Surgeon" in the last copy of the Journal and I enjoyed it very much. For one who could not have known Dr. McGraw in his prime you have been very complete and correct in relating his work. I think I had a more intimate acquaintance with Dr. McGraw than any other physician in Michigan except Dr. F. W. Robbins, who was associated with him in practice for many years—and I never thought his work had been given sufficient attention in the Journal. Now you in your splendid article have given him his just deserts. In those early days most students had a preceptor and Dr. McGraw was mine. He invited me to use his office and Dr. Robbins asked me to share his bedroom over the office. During the winters of 1886 and 1887 and the following springs I spent all my time in his library—except when attending lectures. As he had an evening office hour I saw much of him. One night about one o'clock he woke me and took me to a case of eclampsia and kept me there until the woman died the following afternoon. It was a great experience for a student. It was my privilege to assist him at many operations in patients' homes. In fact he told me that he preferred operating in the home and his results were as good. Hospitals in those days were not what they are now. One afternoon he took me to a farm house, near Essex Center, Canada. We had to walk a long distance and then through a barnyard into this crude two-room house, one a large combined kitchen and living room, and the other a bedroom. In the latter on a table he removed a very large ovarian tumor, and you know they grew to a large size in those days before an operation. This was in 1888 when but little abdominal surgery was done. The local physician assisted and it was my duty to take care of the instruments and put them into carbolic solution. During my student days and internship I never saw an instrument boiled. All sponging was done by sea sponges—large flat sponges which had to be specially prepared and bleached—and that was my job. This woman made a very nice recovery.

Dr. McGraw was a skillful operator and a bold surgeon and did much big work in the home. When you consider there was no nursing at that time the results were all the more remarkable. Harper Hospital was the only Detroit hospital at that time having a training school and graduate nurses. Dr. Biddle was, I believe, an interne in Harper then. I remember very clearly the night he operated for a perforating bullet wound of the intestines—which he sutured—one of the earliest cases in this country and it was successful. He had prepared for this by many experiments on dogs.

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†Communication from Dr. W. K. West, Hinsdale, Illinois, to Dr. Coller.

I would anesthetize the dog; he would then shoot it in the abdomen, open it, repair the intestinal wounds and close the abdomen. Most of these dogs recovered.

Speaking of the case of myxedema following thyroidectomy you referred to. In 1895 I was doing post-graduate work at Johns Hopkins and following Dr. Osler in his ward work. One day he referred to this case of Dr. McGraw's in no complimentary terms. In my senior year Dr. McGraw placed me in St. Mary's Hospital as an interne. In those days the St. Mary's internes were all students. Perhaps they got enough of it when I was there as the next year they had graduates and Dr. Ireland, who was a student at the Detroit College of Medicine when I was, was one of the early graduate internes, I think.

Dr. McGraw had a commanding manner and was a natural born leader of men and looked up to by the profession as few were. Had he been in Chicago or Boston it would have been the same. His didactic lectures and clinical talks were marvelous—scientific, complete, eloquent. In my opinion he was the greatest clinical teacher I have ever heard, surpassing even Murphy in force. He was never a moment late at any lecture or clinic. He was still doing general practice as many surgeons did, and I often drove with him in his two-wheeled cart, behind a sorrel horse as he made his rounds, after making a dozen or more calls, taking me in to see the case whenever he could, and ending up at the hospital right on the dot for lecture or clinic. He could not visit long with anyone and the two winters I was in his office he would often leave after eight and go across the street to his home and spend the balance of the evening at billiards, very often with Dr. Boice, later of Denver, who also had an office in the same building. This was an old frame house on Fort street where the Detroit Club later stood. Though most always serious, seldom joking, he was kindly and beloved by all the students. I later saw him every time I went to Detroit. I did not mean to write so much but I thought that you might be interested in something more about him. I was so pleased with your article because he meant so much to me. He was my inspiration and I can never forget the kindly interest he took in me, a green, very young-looking student.

Dr. C. B. Burr (Flint, Michigan): I owe the arm and fingers which I am now using, to Dr. Theodore A. McGraw. I consulted him concerning a pus accumulation near the shoulder joint which was the result of trauma years before. "There is denuded bone," he said after the introduction of a hypodermic needle. "Yes, I discovered the necrosis at the same time you did," I responded. "Not necessarily necrosis, but at all events, denuded bone," he said. "Go home, have Christian empty the sac every day and we shall see." In his office he treated me exactly as any other patient and without my knowledge advised Dr. Christian (of the Pontiac State Hospital, of which I was then superintendent) to take immediate steps looking to a probable operation. Arrangements were made. Previous to operating he said to me, again as he would have said to any layman, "I don't know the extent of this. I may find much to do and must have your consent to do what is necessary." To this, I replied, "Go as far as you like, amputate at the shoulder joint if you must." He operated, with the immediate assistance of that accomplished surgeon, Dr. Walter P. Manton, removing a button of necrosed bone. The wound healed immediately. I carry a cruciform scar which daily reminds me of Dr. McGraw and of Another who "went about doing good."

At a dinner given many years later in the doctor's honor, it was my privilege to sit next to him at table. He revealed then a somewhat pathetic story. "You don't know," he said, "how much these friends who late in my life have taught me bridge and dominoes have done for me. I never before knew anything about play. My life was narrowed to study and work. Had I my life to live over again, I would do everything possible for me to learn. I would dance, shoot, fish, play a musical instrument. I would develop such resources as these for self-entertainment and have more relaxation and happiness as I journeyed on."

The following is a reprint of an editorial which appeared in the *Bulletin of the Wayne County Medical Society*, September 19, 1921.

Dr. Theodore A. McGraw

"'Wherefore, let a man be of good cheer about his soul, . . . who has followed after the pleasures of knowledge in this life; who has adorned the soul in her own proper jewels which are temperance, and justice, and courage, and nobility, and truth,—in these arrayed she is ready to go on her journey—when her time comes.'

"The above words of the great philosopher, Socrates, uttered nearly twenty-five hundred years ago seem appropriate today as we think of Dr. Theodore A. McGraw—gentleman, scholar, scientist, physician, and educator.

"He was one who followed after the pleasures of knowledge in this life. He, as a physician, surgeon, and teacher, lived and practiced through that great formative period in Medicine, the latter half of the 19th century, during which time there were more revolutionizing changes in the theory and practice of Medicine and Surgery than during any other half century of the world's history.

"Dr. McGraw was a leader, ever growing, ever progressing, and ever giving to his students the best that was in him. His ever widening circle of influence had reached far beyond his local environment. His eminent worth was recognized and appreciated by the national societies of his profession. Yet it was among his intimate friends and associates where those proper jewels of the soul shone the brightest."

In *The Leucocyte* Detroit, October, 1921, is printed the address which follows, by Alexander W. Blain, M.D., the occasion being "Presentation of Portrait to the College by the Class of '06," Detroit College of Medicine and Surgery:

"It is, this evening, a rare privilege indeed, to speak for my Class, the Class of '06. Were this function not in honor of the Class of '21, I might give several reasons why the Class of '06 is the greatest ever graduated from the Detroit College of Medicine and Surgery.

"At the time of our commencement we voted to present to the College a portrait of Doctor Theodore A. McGraw, our then beloved Dean and Professor of Surgery. But, unlike the medical students of today, we did not ride to college in our limousines, and a canvass of our eighty-two members established the fact that we could not raise the amount of money necessary to carry out our desire on leaving the institution.

"Last night we celebrated our fifteenth Class Reunion. We have gathered at a banquet every year for the past fifteen years. Many of our members have gone to the 'Undiscovered Country.' However, more than half of our original number responded to roll call, and I was appointed to carry out a resolution passed a year ago: of expressing our admiration for Doctor McGraw—the final fulfillment of our desire at graduation.

"This remarkable study by the eminent Percy Ives, a brother of our own Augustus, I wish to present at this time. I hope we are exemplifying the saying, 'Do not begin what you cannot finish.' Our aim has been accomplished though it has taken these many years.

"By our act of presenting this portrait we are again recording our love for Doctor McGraw—as an executive, a teacher, a master surgeon of his time, but more than all, as a man.

"To our Alma Mater we renew our pledge of appreciation and loyalty and I know of no way by which these sentiments can be better expressed than by presenting this portrait of our teacher and friend, who inspired so many a younger generation to success in our chosen profession."

In the same number of *The Leucocyte* is published an "Appreciation By One who knew Him Well." The name of the writer of this delightful memoir, Dr. Don M. Campbell, who "preferred that it appear anonymously," is revealed by the Editor:

"Among the throng of admirers in all walks of life, in social, professional, academic and military circles, many, who revere the memory and mourn the loss of Dr. Theodore A. McGraw, may be found.

"It may be said of him wherever the activities of his long and eventful life made contact with others, at that point was left an indelible impression which invariably found expression in sentiments of regard, respect and love.

"To very few is it given to leave behind the strong feeling of regard and recognition of character and all that that means in the minds of those with whom life's activities have made friends, acquaintances, professional brothers, social intimates and business associates.

"Dr. McGraw was a brilliant member of a great profession, but he was far more than that—in his profession he was not only a great scientific worker—as important as that may be—but in addition he was also a sympathetic, understanding artist.

"To not many in the great profession of medicine is vouchsafed the ability to attain great heights in the scientific side of this profession and at the same time maintain the breadth of mind and sympathetic understanding soul which made Dr. McGraw such an outstanding figure in the Art of Medicine and gave him the ability to not only diagnose the ailments of his patients, but also fitted him to minister with a sure hand, a sympathetic heart and an understanding mind to those who were in mind and body sick and suffering.

"Can anything better be said of him than this, that his mind was highly developed and scientifically trained, and yet his soul maintained its loving, kindly regard for the safebeing of those with whom his busy professional life brought him in contact?

"This phase of Dr. McGraw's character carries a great lesson, a great sermon to all, and especially to those whose professional characters are now and at this time in the making. It would be a pity indeed if these outstanding lights of his character and life could not still beckon all who know of them to better and higher things.

"A young man coming to Detroit, well nigh a half century ago and since remaining in close contact with the city's activities, if he cast his memory back through the years, will be conscious of a few outstanding influences in the city's life and progress and one of those is sure to be Dr. McGraw. It matters not if the view be taken through the work of the medical profession, the social circles, or the business activities of that long period.

"A many sided man was he, with an energy and singleness of purpose behind all his activities which made for and attained distinction wherever and whenever he chose to direct his attention and devote his energies.

"What made Dr. McGraw the great man that he certainly was?

"For an answer one must go far afield. But, fundamentally, what made this great result possible in the life of one man is the great good stock from which he sprang, in which can be found all those ideals which have made America great, touching which will be found the belief in the all-goodness of the Christian faith—the principle of justice and fair play, the sportsman-like attitude that every man must have his chance and opportunity to make good—and not be pushed further down should he stumble a little, and above all a just and abiding recognition of authority, in short an ideal of life and conduct up to which one must at all hazards and in all situations live.

"Back of Dr. McGraw was this influence and from it he derived the basis on which his great character was built.

"Next in importance was opportunity for education and association with those having similar ideals in life as he himself harbored.

"These he had at all points in his development, but most important of all he had within himself the ability to appreciate, assimilate and utilize these glorious influences and opportunities.

"And so the great result was attained, the many things accomplished, the beneficial influence of his good life given full sway, and the best thing that can be said of any life can be told with emphasis of his, viz., he did good to his fellow men, he helped the unfortunate and suffering and added much to the sum total of human knowledge and efficiency.

"And yet, oh, my friends, more can be told. Dr. McGraw has laid down life's burden, but in the minds of those who knew him is the living influence of his life and accomplishments.

"We may not now choose our ancestors but we can adopt Dr. McGraw's ideals and learn from his life the valuable things which made him great and transmit them onward, so that not only we but others may get benefit from them.

"No! The good that men do does not die with them.

"All that know of these things can and should feel the quickening influence of his great example, and especially is this true of the members of his own profession, and particularly the students in the Detroit College of Medicine and Surgery—his own school which he founded and for which he for many years labored energetically and brilliantly.

"Much has been written on the specific things Dr. McGraw did in his many-sided contact with life, so no more need now be added.

"It would, however, be unpardonable in this short communication to fail to tell of what Dr. McGraw did for the Detroit College of Medicine and Surgery.

"This school was conceived, founded and started by Dr. McGraw in 1869. To its development and growth he devoted many years of his life, into it he injected his own ideals of life, efficiency and uprightness, and it is chiefly to his influence that it was able to maintain its collegiate existence through that trying period of readjustment in the standards of medical education which saw so many similarly equipped schools go down to eternal oblivion.

"In the Detroit College of Medicine there was a certain vitality nurtured by this great man and augmented by an honorable and efficient past, under whose guidance it was given the strength of character to withstand the ordeals of the reorganization period and adjust itself to new conditions. Can any man say how much Dr. McGraw's high character and idealism contributed to this result?

"All will answer, not a little.

"The medical profession, local, state and national, recognized Dr. McGraw's worth by bestowing upon him many offices and his reputation as a surgeon was international.

"In conclusion, Dr. McGraw's great worth came from his inheritance, his opportunities, his own uprightness and fairness of character, his ability to seize and use the opportunities offered him and above all his intense Americanism, human sympathy and artistic ability to apply his medical and surgical knowledge—primarily, first, last and all the time to the relief of the sick body and the sorrowing mind.

"Let you and me profit by his life so that our contemporaries may benefit from what knowledge we may have and those who come after us be enriched by what we may transmit, to the end that his good life's influence may go on."

Chapter XI

Some Medical Men and Methods of Yester-Year

Contacts and Close-ups

"When we were weel acquent"
—BURNS

CHAPTER XI

Some Medical Men and Methods of Yester-year

Contacts and Closeups

By C. B. Burr, M.D., Flint, Michigan

IT IS often remarked that doctors are poor business men. This conception has doubtless arisen from the habit of postponing collections for services, and reluctance to commercialize their profession. Ministrations of doctors to the needy are boundless and in every civic enterprise their contributions are perhaps, as a rule, out of all proportion to income.

In the larger sense, ability to manage business affairs for others, the allegation is, so far as my experience teaches, far from the truth. Of superintendents of hospitals, particularly those caring for the insane and feeble-minded, I have known scores of executives of paramount business ability and of these the most outstanding exemplar was Dr. Henry M. Hurd, my former chief at Pontiac.

The following are excerpts from a memorial of Dr. Hurd by Thomas S. Cullen, M.B., published in *The Johns Hopkins Alumni Magazine,* March, 1928:

"With the passing of Dr. Hurd, who died at Atlantic City on July 18, 1927, the medical profession has lost one of her most distinguished members, and the United States one of her foremost citizens.

"Dr. Hurd was appointed superintendent of the Johns Hopkins Hospital in June, 1889, and assumed the duties of the position on August 1, at which time President Gilman, who had acted as director of the Hospital since the preceding February, and Dr. John S. Billings, who had been medical adviser to the Board of Trustees for twelve years, terminated their connection with the hospital. In this institution Dr. Hurd was destined to establish later the most harmonious relationship between the hospital and the Johns Hopkins Medical School which opened its doors in 1893."

Dr. Cullen quotes as follows from a tribute which appeared in the *American Journal of Insanity* in 1889, shortly after Dr. Hurd's resignation as medical superintendent of the Eastern Michigan Asylum:

"Henry M. Hurd, A.M., M.D., the recently appointed director of the Johns Hopkins Hospital, Baltimore . . . was born May 3, 1843, at Union City, Branch County, Michigan. . . . His parents, Theodore C. and Ellen E.

(Hammond) Hurd, were of New England (Connecticut) stock. His father, a pioneer physician, came to Michigan in 1834, and, worn out by laborious practice amid the hardships and privations of pioneer life in a malarious country, died at the early age of 39, leaving a wife and three little boys.

"His mother remarried in 1848, and in 1854 the family removed to Galesburg, Illinois. In 1858 he entered Knox College, where he spent two years. Subsequently he devoted a year to teaching and general study, and in 1861 entered the junior class of the University of Michigan. He graduated from the University in 1863, and in the same year began the study of medicine with his stepfather, who was also a physician. He attended lectures at the Rush Medical College, Chicago, and at the University of Michigan, and graduated from the department of medicine and surgery of the University in 1866. The year following graduation he spent in New York in study and hospital work. Subsequently, he removed to Chicago, where he engaged in dispensary and general practice for two years. It was during the time of his residence in Chicago, in 1870, that he received the appointment of assistant physician to the Michigan Asylum for the Insane at Kalamazoo, and entered that field of medical practice in which he has achieved so much distinction. He served the asylum in the capacity of assistant physician for eight years, at the end of which time he became assistant superintendent. On the opening of the Eastern Michigan Asylum at Pontiac in the fall of the same year he was appointed its first superintendent, and occupied this position continuously for eleven years. Possessing rare skill as an organizer, broad culture, literary attainments of a high order, a thorough medical training, and a long asylum and hospital experience, he brought to the work of organizing the Eastern Michigan Asylum those qualities which enabled him to place it at once among the progressive asylums of the country. He early identified himself with the Association of Medical Superintendents, and was an earnest, faithful, and zealous member of this body.

"During the period of his administration of affairs of the Eastern Michigan Asylum he has seen the treatment of the insane revolutionized. For the abolition of restraint, the employment of the insane, the extension of the system of night-nursing, the development of the cottage-plan, and the introduction of home comforts into the dull, unattractive institutional life of previous years, he has been an ardent and enthusiastic advocate. To him, perhaps, as much as to any other man among the present generation of alienists in this country, is due the rapid growth of progressive methods in the care of the insane, and the advanced position which American psychiatry is taking. His mental culture which enabled him to grasp intricate problems in all their details, his philanthropic instincts, his ready sympathies, and his keen insight into the needs of the insane, conjoined with the quick perception of the skilled physician, made him an ideal asylum superintendent. His personal presence was inspiring; he infused his own spirit of tireless energy among his subordinates, he unified his staff and his corps of employes, and could always rely upon their thorough coöperation. In 1881 he visited

Europe for travel and investigation in the special lines of work in which he was engaged. The results of this trip were the subject of a special communication to the joint Boards of Trustees of the Michigan asylums, and were published in connection with the biennial report of the Eastern Michigan Asylum for 1882. His writings upon the subject of mental medicine have been voluminous and of a high order. Aside from the numerous papers published in the *American Journal of Insanity*, as reference to its files for the past eleven years will show, many of great merit have appeared elsewhere.

"Among his recent and most scholarly productions is his presidential address in 1889 before the alumni association of the medical department of the University of Michigan, on The Mental Hygiene of Physicians. His reports of the Eastern Michigan Asylum are written in a masterly and finished style, and have been warmly received and favorably noticed by the profession of this and foreign countries. He was a vice president of the Ninth International Medical Congress, is a member of the Michigan State Medical Society and of the Detroit Academy of Medicine, and is corresponding member of the Detroit Medical and Library Association.

"In June of the present year there came to him, without previous intimation, the tender of the position of director of the Johns Hopkins Hospital. The offer came as a gratifying surprise, but he hesitated to accept it. He was reluctant to relinquish the work to which he had devoted his best years, to separate himself from his patients, many of whom had long been objects of his care and solicitude, and from friends endeared to him by the strongest ties. He hesitated to abandon the work in which he had been so long and successfully engaged, and in which the prospects for future usefulness opened wide and ever wider before him; but considerations, paramount among which were the increased opportunities for the education of his children, constrained him to accept the position.

"By mental endowments and education he is peculiarly well fitted for the responsible and delicate duties of a hospital director. He is thoroughly deserving of his recent very great honor, and will adorn the position to which he has been called; but as we write these lines, the feeling returns with ever-increasing force, that in the gain of the Johns Hopkins Hospital, the profession of psychiatry sustains an irreparable loss, and the asylum system of Michigan is deprived of its most illustrious exponent."

Dr. Cullen continues, "When Dr. Hurd came to Baltimore to see the Johns Hopkins Hospital and to meet the trustees of the hospital, one of the trustees from the Eastern Michigan Asylum at Pontiac came with him with the intention of urging his superintendent to decline the call. After he had met the trustees and had visited the hospital he turned to Dr. Hurd and said, 'My object in coming with you was to see that you returned to Michigan, but I have changed my mind. If they offer you this position and you do not accept it, you will make the mistake of your life.'

"After a busy day's work and following the evening meal, nearly all of us would congregate in Frank Smith's room for an hour and listen to him reading some interesting book. Those were the days when the hospital family was relatively small—so small that the men learned to know each other intimately, and Dr. Hurd was the guiding spirit.

"A former student once told me that toward the close of his second year he had reached the end of his resources and was preparing to leave the medical school and go to work.

"Just after he had packed up and was arranging to leave that night Dr. Hurd met him in the hall and said, 'By-the-way, I have been wanting to ask you how your father's estate has turned out,' and the young chap told him the facts. Dr. Hurd took him into his private office, told him he must under no circumstances give up his studies, and insisted on furnishing him with sufficient funds to see him through the end of the college year, and next year saw that it was possible for him to continue his studies. This young man is now one of the most promising investigators in this country. He told me that he knew of at least five or six other students who had also been helped out by the same generous superintendent.

"Dr. Hurd did not hold himself aloof from the house staff, but after the evening meal often dropped into the reading room to have a chat with the men congregated there. Every now and then an informal invitation came to dine with Dr. Hurd, Mrs. Hurd, and his daughters. These were red letter occasions—events never to be forgotten.

"Every one of the men who was connected with the hospital during Dr. Hurd's time has a vivid recollection of that slender figure passing silently down the corridors with his head bent slightly forward and apparently walking on air, his tread was so light. He rarely was content to mount the stairs one step at a time, he invariably went up two at a time with his arms outstretched as if he contemplated aerial flight.

"Celebrated men who are closely associated with large numbers of young men are often given a special name as a mark of the esteem and affection in which they are held. When the men of the hospital staff of years ago gather together and discuss old times they always refer to "Uncle Hank" with the warmest regard.

"Dr. Hurd was an ideal superintendent. In addition to the satisfactory administration of the hospital he was deeply interested in the fundamental education of the medical student and of the nurse. He was continually stimulating the house officers to do their best and was ever mindful of the welfare of the patient. He was no bureaucrat, but a man who had the interest of all connected with him at heart.

"Dr. Hurd gave a charming address on 'The Duty and Responsibility of the University in Medical Education,' at the graduating exercises of the Yale Medical School on June 23, 1903. After briefly considering the subject of his discourse he said:

" 'To discuss an educational question before university men suggests the appropriateness of the quotation from Confucius with which an eminent scientist once prefaced an address made under similar circumstances: "Avoid the appearance of evil: do not stoop to tie your shoe in your neighbor's melon patch." A member of the teaching staff of one of the newest schools of medicine ought to display a degree of modesty in the present of medical teachers whose thoughts and activities have been molded by the traditions of one of the oldest medical schools in the United States, the sixth in point of time of establishment, and should hesitate above all to urge the duty and responsibility of a university in medical education.

" 'Perhaps I may also plead in mitigation of my indiscretion a degree of hereditary relationship to Yale in the fact that my father graduated here in medicine in 1830; my grandfather was a student about 1795, but did not graduate; my great-grandfather graduated in 1778; and my great-great-grandfather in 1739, and may speak as one whose speech can be tolerated because of kin, albeit remote.'

"In 1902, Dr. Hurd was the chairman of the Section on Neurology and Psychiatry of the Medical and Chirurgical Faculty of Maryland. At a meeting of the section held November 14, 1902, he took for his subject, "The Future Policy of Maryland in the Care of Her Insane.' When in Michigan he had not hesitated to tell the state just what her duty was in the care of the insane. In Baltimore he spoke out in the same fearless manner. He had carefully studied the situation in Baltimore and in the various counties. Maryland was far behind the times, and at the meeting of the Medical and Chirurgical faculty in 1897 a symposium on the state care of the insane had been arranged. The papers read on that occasion brought forth much resentment on the part of the state authorities.

"Dr. Hurd in his address in 1902 pointed out what had been accomplished in the interim, but also stated in no uncertain terms that in many places throughout the state the conditions were still deplorable. He did not generalize, as is so frequently done, but was specific, mentioning the institutions at fault. He then indicated how these appalling conditions might be rectified.

"A man who has the nerve and patriotism to come out boldly and draw attention to the glaring faults in his own state and at the same time to indicate the means by which these conditions can be ameliorated is without a doubt a most valuable man in his community—he is a real citizen.

"All interested in the care of the insane should read this article in full. It appeared in the *Maryland Medical Journal,* February, 1903.

"Thanks to Dr. Hurd and his colleagues the disgraceful condition that then existed has long since been corrected. The State Lunacy Commission, then more of an advisory board, now has ample authority, and for years Dr. Hurd was the most valuable member of the commission."

Institutional reports have rarely been employed as media for the diffusion of therapeutic information. At an early period a superintendent who dallied with medical matters would have been regarded pedantic, an innovator and the subject of disparaging looks, comments, and shoulder-shrugs from his exalted confrères. Dr. Henry M. Hurd was, however, not abashed and introduced "interesting conclusions" in the Report of the Pontiac State Hospital—a mere "asylum" at that time (1880).

Dr. Mulheron tipped his hat to "interesting conclusions" wherever encountered and accords a three-column notice to those concerning "Hyoscyamine, Cocculus Indicus, Citrate of Caffeine, Codeia, Dried Bullock's Blood." Real virtue thus met more than the proverbial reward. Mulheron was as gifted in approbation of the laudable, as caustic in comment upon the objectionable.

In Memoriam—Henry Mills Hurd†

One who has enjoyed close contact with the late Dr. Henry M. Hurd will thoroughly appreciate the expression of Dr. Brush, who writes in a letter announcing his death, "I have known him for half a century. . . . I shall miss him more than I can tell, or than I dare to contemplate."

Verily so will all those of his generation who have been favored with his friendship. As for myself, I find it next to impossible to write of him in other than the spirit of personal affection—this notwithstanding his high accomplishment, his scholarship, his literary excellence, his eminence in his profession, concerning which a wealth of words would be inadequate.

It was his magnetism, his compelling personality, his impressiveness as an administrator, his alertness and quick adjustment to every emergency, his interest in patients, tender and paternal, his care for the welfare of his staff and employees, and his rare disciplinary ability which are treasured in remembrance.

Nothing escaped his attention and his methods of correction were unique. "I shall endeavor to make myself indispensable," said "one of us"—to quote a frequent expression of Dr. Cushing in his admirable biography of Osler—"That will be impossible, Sir," he declared.

Does this sound severe? It was, of course, hardly just to the callow youth who had no intention of intimating that the services of anybody anywhere were of such importance that to dispense with them would interrupt the eternal ordering; but the lesson taught in the discriminating use of words was not forgotten.

Again, it was assumed by more than one—whose names it is unnecessary to reveal—that their ineptitude on home-coming from a birthday and election returns party a month before had escaped observation. Not so. On the occasion of the next departure of one of them for a day off, he warned casually, "Don't listen to any election returns while you are in Detroit."

He couldn't be stampeded and navigated on even keel. On a Fourth of July celebration in the grove, a nurse in a condition of emotional excitement bordering on delirium communicated the startling news, "Mr. ——— has swallowed a toad." "I'm sorry for the toad" was the nonchalant reply. One in charge of a party of patients working out-of-doors came to the office one day and with exasperating deliberation announced, "Dr. Hurd, Mr. ———

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†Written by Dr. C. B. Burr and published in the *American Journal of Psychiatry*, September, 1929.

is running rapidly away," whereupon the cool rejoinder, "Why aren't you running rapidly after him?"

In the first laparotomy in the (then) Eastern Michigan Asylum, performed by a member, assisted by others, of the medical staff, he chose to give the anesthetic. It is needless to say that the operator felt no concern over the patient's breathing and heart action. This was at an early day when abdominal invasion through surgery was regarded a highly serious matter. The operation was, fortunately, successful, but Dr. Hurd thus actively functioning, gave sanction to the entire proceeding and left no room for doubt as to his sharing responsibility for failure or success in the undertaking. It was heartening to all of us—to the operator, Dr. E. A. Christian, especially. Apropos this, Dr. Hurd early introduced a new departure in institutional care—that of appointing Dr. Manton, of Detroit, consulting gynecologist.

Dr. Hurd was born in Union City, Michigan, May 3, 1843; received degrees at the University of Michigan, A.B. in 1863, M.D. in 1866, A.M. in 1870, LL.D. in 1895; was married to Mary Doolittle, of Utica, New York, September 16, 1874. Of this union, one son, Charles, and two daughters, Eleanor and Anna, were born. His father, Theodore C., a pioneer physician, married Eleanor Eunice Hammond. He died of tuberculosis and his widow married her first husband's brother. The family eventually moved to Galesburg, Illinois.

I never knew the doctor's father, but my recollection of his mother is vivid and indelible. She was spare in figure, of striking physiognomy and had piercing black eyes. She was extraordinarily alert, responsive, bookish, highly cultured, and retained physical and mental faculties until late in life when an unfortunate accident resulting in a fractured hip produced permanent invalidism. There were originally three sons by the first marriage, one of whom died in the Civil War; another, Charles, of tuberculosis years later. He had gone to California to recover health, had a ranch at Riverside, and was one of the earliest cultivators of the navel orange. I remember well when the first box of this fruit came through and how much it was enjoyed. A son, Arthur, born of the second marriage, was superintendent of the Buffalo State Hospital, 1894 to 1918. He died in California in 1924.

The Hurd family had the interesting habit of each writing a weekly letter. Never during the eleven years we were associated in Pontiac did Dr. Hurd fail to carry out his part of the program—on Sunday. His letter, like those of Charles and Arthur, was first sent to the parents in Galesburg; by them circulated after reading. The letters from Galesburg were sent, as I remember, to Charles, by him to Henry, by him to Arthur.

Afflictions were not escaped in the families of Dr. Hurd and his associates during these years, and the contacts, professional and personal, growing out of these, tended to unify Dr. Hurd and his staff. The first blow, appalling in its severity, fell upon Dr. and Mrs. Hurd in the death of their son from diphtheria. This for a time undermined the doctor's health and we feared the ultimate result. He made a trip to the West and returned much improved

There were other major troubles—not many—inseparable from the life of a hospital executive. In meeting them, Dr. Hurd's staff was a battling unit, a pull-all-together phalanx. As to misunderstandings, jealousies, non-coöperation, individualistic activities not consonant with the general weal, there were none. It would be impossible to find an *esprit de corps* more nearly perfect than that at the Eastern Michigan Asylum, Pontiac, during the years of his superintendency, 1878 to 1889.

It was my privilege to receive the telegram inviting Dr. Hurd to go to Baltimore, and to convey it with all speed to his apartments. I burst into the room while the family were at dinner and there was momentary amazement and consternation. The episode was peculiarly agreeable. The telegram came soon after a severe trial which we had been called upon to endure; Dr. Hurd's spirits were somewhat low, and in the uplift occasioned by such deserved recognition, we all participated.

But the Board of Trustees were unconvinced. The members were exceedingly reluctant to spare his services, and Mr. James A. Remick, a member of the Board—charming gentleman of delightful memory—insisted upon accompanying him to the interview with the Johns Hopkins Trustees. He was determined that Dr. Hurd should make no mistake and his anxiety over the prospective loss to the Pontiac Hospital was keen and serious.

They went and saw and were both conquered. Mr. Remick felt compelled to declare, "You'll just have to accept, Doctor. There's no other way."

Dr. Hurd was brought up in the, so to speak, Utica school of psychiatry under Dr. E. H. Van Deusen, superintendent of the (then) Michigan Asylum for the Insane, Kalamazoo, but he was little inclined to the autocratic in administrative and professional methods and was never inattentive to suggestion from others. As to acting thereupon, this was naturally quite another matter, but he welcomed that which was tactfully offered. As a matter of fact, he was spared any other variety. Presumption or bumptiousness would have been, to say the least, cynically treated.

He became seriously interested at an early period in non-restraint and in employment of the insane, made a trip to England and Scotland to study methods there in vogue and sent the writer to the institutions of Ontario, ostensibly on the same errand.

On the above word "ostensibly" hangs a tale. Dr. Hurd and his staff for years wrote all correspondence which Dr. Hurd signed. Economies were necessary and stenographers a luxury. The discovery was made by Dr. Hurd that I could write shorthand and he asked if I would take his biennial report (1880) from dictation. I gladly did so, prepared a copy for correction and subsequently one for the printer, and assisted in proof-reading. When the work was done, Dr. Hurd displayed sudden and lively interest in knowing what was going on at London, Hamilton, and Toronto. He asked if I would be "willing" (fancy this!) to investigate. This was a way of giving me a vacation at his expense.

When the check was handed me it seemed too large and I made that comment. "Oh no," he said, "it's right. I've figured out about what the expense would be."

Dr. Hurd aimed to make his reports useful to physicians and in them dealt largely with classification, treatment, and post mortem findings. He responded to every invitation to meet the profession and the aloofness from medical matters associated with the "alienist" ceased to exist. He encouraged his staff also to write papers for the State Medical Society through which the literature of psychiatry, or what would have been psychiatry had there been then any such word in use, was increased if not enriched.

I encountered recently in Michigan Pioneer Collections a paper which Dr. Hurd read before the Michigan Pioneer Society on a history of the asylums of that state.

He became early identified with, and later secretary-treasurer, vice president, and president of The American Psychiatric Association. It was then under a different name but this is no matter. He was prominent in its councils and a frequent contributor to its program, and was for years editor-in-chief of the *American Journal of Insanity* (now *Psychiatry*) published under its auspices.

He was appointed superintendent of Johns Hopkins Hospital in 1889. He organized the hospital, the medical department, and Training School for Nurses, and held the position of professor of psychiatry until 1906 when he became professor emeritus. In 1911 he resigned the superintendency and was made superintendent emeritus and secretary of the Board of Trustees, in which positions he continued; as also editor emeritus of the *American Journal of Psychiatry* until his death July 18, 1927. While superintendent, he edited *The Johns Hopkins Hospital Bulletin* and the *Hospital Reports;* was editor of "Modern Hospitals" from 1913 to 1920; was joint author with Dr. John S. Billings of "Hints to Hospital Visitors," and with him edited "Hospitals, Dispensaries, and Nursing."

"The Institutional Care of the Insane in the United States and Canada" in four volumes, prepared by a committee of the American Psychiatric Association, of which he was chairman, and chiefly the author-member, is a monumental work of permanent value. The expedition with which it was produced was the source of frequent and approving comment.

He was sometime member of the Maryland State Lunacy Commission and in this position gave distinguished and important public service. He was a Fellow of the American Association of Physicians and member of the American Academy of Medicine; of the latter organization, president in 1906. He was also member of the American Anthropological Association, the American Public Health Association, and the American Hospital Association (president, 1912).

He was beloved and revered by his colleagues in the medical profession.

His work was systematic, continuous, invariably constructive. He was never for a moment lost in the futilities and had a keen appreciation of such defect in others. His memory was marvelous and correct as to detail, his conversation clear, piquant and forceful. To outward seeming frail, he was full of energy and a tireless worker. One visualizes him as Dr. Cullen describes, mounting stairs two or three steps at a time with arms outspread like wings.

Few if any lives have been better rounded, few if any richer in achievement. Rest his noble soul.

Able executives were trained under Dr. Hurd at the Pontiac State Hospital, among these Dr. James D. Munson, and Dr. Edmund A. Christian, the present incumbent of the position of medical superintendent.

Dr. Christian was graduated in both the literary and medical departments of the University of Michigan. After experience in the University clinic he came in 1882 to the Pontiac State Hospital, became assistant physician, then assistant medical superintendent, and in 1894 medical superintendent. He is now (1929) the oldest among these officials in point of continuous service in Michigan.

He abundantly deserves the high estimation in which he is held. Bookish, learned, cultured, of sympathetic nature, refinement of feeling and scrupulous integrity, he has managed the hospital in Pontiac through years of development in modern lines. He has worthily maintained the traditions of work and self-sacrificing devotion established by his eminent predecessor, Dr. Hurd. His writings and public utterances have been logical and convincing, his literary style is delightful as evidenced by the tribute to his distinguished father which follows. In the memorial of Dr. Hurd there is reference to an early operation (laparotomy) by Dr. Christian in the year of 1885 or 1886 when surgical invasion of the abdomen was rare and had not theretofore been hazarded in either of the existing State hospitals.

Recollections of Dr. E. P. Christian of Wyandotte†

As I recall my father, certain outstanding traits of character and temperament come to me. These were a marked affability towards both friends and strangers; a never failing considerateness and affection for members of his family; a devoutness of religion and a devotion to his church; intense loyalty to his country and to his place of abode and, I think above all else, a pride in his calling of medicine which had all the intensity of a religion. This latter had to do, not only with medical science and subjects, but with the part which he must play as a member of the profession of which he made worship. Therefore, *he took part*. This was as much a matter of duty and compulsion as of choosing. He had enlisted and was enrolled, and that was all there was to it.

He was more than ordinarily well-read in general literature and in science, and his mental habits led him to utilize information thus acquired in constructive efforts. You see, he was in the generation just preceding ours, a generation not privileged to profit from the revelations of modern medical science. He had tremendous respect for scientific work but he was himself only a speculator—and he speculated to good account, sometimes prophetically, as when he insisted that typhoid is a milk-borne and water-borne disease. This was many years before Pasteur and Koch; long before "bugs" were stained. His practice was of the *art* of medicine, fortified by reading and recording. Conscientiousness was the hall mark of all three. What was the use of recording unless one contributed? hence, "papers." The Frenchman more graphically calls them "accounts rendered." His *art* of medicine took him and his horse through roads and territory that would stall the scientific man of today; carried him in the dead of winter or in spring thaws across the ice in the Detroit river when freezing was all but the reward, or when, in thaws, a misstep meant the end of the journey. He came to be an aged man before the allotted span of the scriptures which it never occurred to him to question. If the temporizings or malpractice of a midwife had led the patient into extremes, and there was no way out other than a craniotomy or a cesarean operation, he had the courage to meet the situation, alone, if need be. His art in practice made for him many adorers, but little of material reward.

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†Written by his son, Dr. Edmund A. Christian.

Aside from the interests mentioned above, a keen sense of humor helped to make life tolerable. Ludicrous situations were never more enjoyed by him than when he himself was the subject. For others in like situations he always extended a helping hand and sought for extenuations. His humor never found expression in the interchange of stories which would be barred from any gathering, though I have seen him shake over a subtle point made by someone else in such a mode of conversation. I never heard him use profanity, though he would quote the profanity of others in great glee to fully illustrate a situation in relating a happening. Liquor was always kept in the house, "for emergencies," and was always accessible to us boys. I don't think the bottle was ever sampled by either of us. When one of the boys was sent away to complete his education he was told: "This is at a great sacrifice to myself and the other members of the family. I have no allowance to give you for tobacco, billiards, or drink." But he was not an abstainer, and in later years he enjoyed the companionship of his sons in both smoking and sipping. When one of the boys left to go to college, the preparations and the leave-taking consisted only of the handing out of a roll of bills, and the short admonition of, "Be decent and clean." It never occurred to him that this youth, sixteen years of age, needed a personal guide to his new environment, or any assistance beyond certain letters of introduction, which, by the way, were never made use of.

Charity towards all was an inbred characteristic often exasperating to his family. Denunciations were, as I recall, reserved for the charlatan and quack, and in these cases he was unsparing. Honest errors, or what seemed to him to be such, he felt would cure themselves, if not given too much attention of a controversial nature. For this reason he never sympathized with the concern developed in the State society over the squabble engendered by the existence of homeopathic teachings in the State University. Would that he had lived to witness the rational solution of this tempest in a tea-pot!

Dr. E. P. Christian left a fragrant memory which well justifies the foregoing filial tribute. He was a noted obstetrician and highly influential in the State Medical Society. He was learned, thoughtful, prompt and painstaking, and never spared himself in working out the problems presented to him in frequent committee assignments.

It seemed to this writer, then a callow youth, who came to the Eastern Michigan Asylum in 1878 as assistant physician, that Dr. James D. Munson was one of the most impressive figures he had ever encountered.

Tall, dignified, nattily tailored, of manners affable, courtly and charming, he made a profound impression and promptly claimed an affection which endured uninterruptedly until his recent death (1929) at an advanced age. He was accomplished in anatomy and had been demonstrator of this branch of study in the Detroit College of Medicine. He early dabbled in microscopy and in the manner then prevailing made interesting dissections of neurologic tissues. Results were crude as compared with those of the present day but he was careful in technic and his demonstrations were helpful to junior members of the staff.

He was interested and sincerely sympathetic in his relation with patients. I saw him once much embarrassed by the advances of one far past maturity. He could only stammer "Not he'ah *Aunty* not he'ah" as she attempted osculation in the presence of a large company making exit from the amusement hall of the Traverse City State Hospital.

Thither he had gone in 1885 and the development of the hospital from the wooded, undrained and primitive to a picturesque property was no less than marvelous. Facility in this regard he owed to early life on a farm in Oakland County, a nesting place for pigeons who came in flight in such numbers that clubs were used in dislodging them from the limbs of orchard trees.

He was forester and agriculturist, botanist, hunter and fisherman. Barren spots under his care blossomed as the rose.

He established a training school for nurses, and a general hospital on the State Hospital premises. This monument to his memory was dedicated about two years before his death, which was due to declining years and the incidence of fractured femur.

He had a delicious sense of humor. At Pontiac in September the abundance of sweet corn was much appreciated in the cuisine. Once he remarked that he had consumed so much of it that it would be necessary to place tin pans under him to "keep the rats out."

For the enlightenment of the present generation which knows not corncribs, it was customary to put these articles bottom up on the tops of posts supporting the slatted superstructure.

Dr. Jason Morse, a graduate in the arts from Amherst and in medicine at the Detroit Medical College, was an assistant physician on Dr. Hurd's staff and during my administration at the Pontiac State Hospital. On the succession of Dr. Christian he became assistant superintendent.

An indefatigable worker who lost no time in idle discourse, a nature lover and accomplished botanist, an enthusiastic though unsuccessful fisherman, his qualities endeared him to many, particularly those of similar tastes. He moved to California in consequence of the illness of a nephew to whom he was devoted. Subsequently, however, he spent many months in filling interim vacancies on the staff at Pontiac. He died, much regretted, in 1927. The writer was very fond of him. We've negotiated many a long mountain trail together.

"Another class of physicians"[†] came "as medical officers in the Michigan Asylum for the Insane. First and foremost among all these is Edwin H. Van Deusen, from 1856 till 1878 the distinguished medical superintendent of the institution. Among the assistant medical superintendents were Drs. Tyler and George C. Palmer, the latter being now [1880] the medical superintendent. Dr. Henry M. Hurd, for years assistant physician, is now the medical superintendent of the similar institution at Pontiac, Michigan.

"Worthy of honorable mention among them are Dr. Emerson, resigned to enter general practice, and Dr. E. G. Marshall, who went from here to a similar institution in Wisconsin, and there died of a dissecting wound inflicted while engaged in scientific investigation. Now in service at the institution, in addition to the superintendent, Dr. Palmer, are Drs. Adams, Wood, Worcester, Savage, and Miss Bissell,[‡] all ornaments to their profession, and eminently fitted for their responsible duties."[3]

The Kalamazoo State Hospital, or, as it was then called, Michigan Asylum for the Insane, had on its staff in the seventies some exceedingly interesting men from the point of view of scholarship and medical attainments and one at least very quaint character, Dr. W. L. Worcester.

At the conclusion of Dr. Van Deusen's long term of service, he was succeeded by Dr. George C. Palmer. At about this time, Dr. Henry M. Hurd, long a member with Dr. Palmer and Dr. J. E. Emerson of Dr. Van Deusen's staff, was appointed medical superintendent of the Eastern Michigan Asylum at Pontiac. Dr. Emerson eventually retired and established himself in neurologic and psychiatric practice in Detroit. On Dr. Palmer's staff at one time were Drs. Adams, Worcester, Savage and Wood.

Dr. Worcester was for that day and age an unusually competent histologist and microscopist. He was a down-East Yankee, a perfect specimen. He was angular, abrupt, plain spoken, learned, religious and conscientious. It developed during an investigation of the hospital that he had once upon a time considerably restricted the diet of a husky male patient. Questioned thereupon, he horrified his associates on the staff by quoting in justification of his course from the Bible that "he who will not work shall not eat."

[†] This is amusing in retrospect. It was literally true that in 1880 psychiatrists, "alienists" in the parlance of the time, were in a class by themselves. C. B. B.

[‡] All of these physicians I have seen except Drs. Tyler and Marshall. The others I knew—Dr. Van Deusen "by sight," the others, personally, and liked well. 'Twas a fine group. Dr. Bissell was, I believe, the first woman physician in a State Hospital for the Insane in Michigan although at about the same time came Dr. Emma L. Randall from Norwich, New York, to Pontiac. C. B. B.

He was gaunt and long and his stride ungraceful. When absorbed in his own plans and concepts, which was a large part of the time, his mental reaction to current impressions was slow. "Where are you going, Dr. Worcester?" Savage inquired as Worcester grasped his shotgun and was hurriedly leaving the office. Not a word was vouchsafed in reply. Presently "bang" went the gun and Worcester returned, dangling a bird by one leg. And then came the measured response, "I - went - out - to - shoot - that - robin."

The writer of this chapter was once expected at Kalamazoo on an afternoon train, but owing to incidents connected with entertainment in Detroit and the leisurely pace of Frank Brown's horse, he failed to get aboard and was necessitated to use an "accommodation" reaching Kalamazoo at an unseasonable hour in the morning. He had telegraphed, ~~and~~ planned on arrival to avail himself of that ancient hostelry, the Burdick House. One lone hack was at the station and toward it he made his way. When he announced his hotel destination, the cabby inquired whether he were expected at the Asylum. "Not expected at this hour," the cabby was told, but he countered with the visitor's name and insisted he was to carry him there. The late arrival was received by the watchman, and shown to a room, and arose with the birds feeling the need of fresh air and the open spaces. On the office floor he encountered Worcester—no one else was stirring—who inquired, "When did you arrive, Dr. Burr?" "On the accommodation this morning," was the reply. Whereupon, "You selected a rather inconvenient hour, didn't you?"

On one occasion in Pontiac we were visiting in the apartment of Dr. Hurd. The latter, an ever ready and gifted conversationalist, had dwelt at some length on relatives by marriage of Swedish descent. "His father and family came over in the ship with Jennie Lind," Dr. Hurd concluded, which announcement was received by Worcester with the rather disconcerting remark, "The capacity of that ship must have been enormous. Most of the Swedes of whom I have heard came over with Jennie Lind."

At one time during the illness of Dr. Palmer, Dr. Worcester was placed temporarily in charge of Oak Grove, Flint. Dr. Wadsworth Warren was assistant and told the writer, who succeeded Dr. Palmer, this story. On one occasion Worcester was reading Ziemssen's Cyclopedia of Medicine, a page at a time. Rhythmically and with scarcely a pause he turned leaf after leaf. Warren grew nervous and inquired possibly with some asperity, "What are you doing, Doctor?" Worcester, still turning and very deliberately, "I—am—reading." "Reading at that rate?" "Yes." "How do you get anything out of it?" Worcester, looking up for the first time closed the book sharply, "I stopped on page ——. Question me about it." Wadsworth did so and found he was perfectly acquainted with the contents.

He prepared beautiful specimens of nervous tissue for the microscope at a time when cutting and staining were in their infancy in this country.

Dr. Adams was a competent, thoroughgoing and conscientious member of Dr. Palmer's staff. Gentle, kindly, impeccable and speckless, of exquisite refinement and beloved by all his associates, it was a dreadful tragedy when a murderous patient struck him down with a knife-thrust in the abdomen. How the instrument came into the maniac's possession, knives being naturally safeguarded with the utmost care, was not, according to this writer's recollection, discovered.

Nothing could be more out of keeping with his character than words which Dr. Savage put into his mouth on the arrival of the first woman assistant physician at the other department. "I'm Dr. Adams," said Savage, in a squeaky voice over the telephone. "I'm anxious to see you. Can't you come over?"

As might be inferred, Savage was a great wag. He was also a sportsman, enjoyed gunning and fishing and always had one or more dogs in his room. Of these, a setter was much distressed by minor chords in music and Savage took especial pains to introduce these in his instrumentation on the piano, which he played very well.

The haughty Wood took himself, his duties and his associations very seriously. It was inevitable that he and Savage so temperamentally different, should find occasion for falling out. Once the "don't speak" program was pursued for a number of days. Savage eventually found this irksome and exceedingly inconvenient, the two when not on professional visits occupying the same office. "Dr. Wood," he said, "we can't go on this way. I regret very much our misunderstanding." Came in response the conciliatory "I should think you would."

Dr. William M. Edwards was a later arrival. He succeeded Dr. Palmer as medical superintendent, and proved himself an excellent executive. Although not in rugged health—he succumbed to disease of the heart—he carried on bravely and successfully. Under his management methods which harked back to Utica precedents were changed and the hospital slowly modernized. The writer was much impressed by his tactful ways and has often remarked that Edwards could not give offense. He summoned one to rise in the morning in mellow accents that "stole away the harshness" so often associated with this "calling."

A memorial notice of Dr. Edwards by the present writer, which was published in the *Journal of the Michigan State Medical Society,* 1905, follows:

"He was born in Peru, Indiana, in 1855; was educated at Smithson College, Logansport, and University of Indiana, and received the degree M.D., from the University of Michigan, 1884. He was appointed assistant physician, at Kalamazoo, in 1884, medical superintendent in 1891. Handicapped by a disease of the heart of a gravity to discourage a less courageous man, he ignored its existence and conducted the affairs of the hospital with brilliant success. He never spared himself and gave great attention to detail. He had a remarkably retentive memory. He gave hours to conversation with patients and their relatives where many spare minutes only, had a keen appreciation of patients' habits of thinking and responded promptly to the humorous side, possessed a suavity and grace that impressed guests with the feeling that their presence conferred constant favor. He discovered the icy hand of death upon him on his way to San Antonio to attend a meeting of the American Medico-Psychological Association. He was one of the strong pillars of this and of the State Medical Society; was a member of the Council of the former body at the time of his death; had been vice-president of the State Medical Society and president of the Kalamazoo Academy of Medicine; was for a time a member of the editorial staff of the *Physician and Surgeon,* and was author of numerous papers. He had the happy faculty of saying comforting and appropriate things and graceful ways of making amiable expressions. His estimates of men never erred on the side of the uncharitable. He was judicious as adviser and lovable as companion."

Dr. Emerson was one of the most erudite men connected with the specialty of psychiatry in Michigan. His diction was superb and his medical papers models of English.

Dr. E. H. Van Deusen was an able executive, saturated as were superintendents of that period with self-confidence and the autocratic idea. He was thoroughly imbued with the traditions of the Utica institution where he had served when "assistants" on the staff of the older establishments were literally such. They assisted the superintendent in carrying out plans and policies but had a negligible part in the formulating thereof. Suggestions from them were considered revolutionary propaganda, compliance with them was expediently withheld, and the superintendent from his ivory tower gave *direction.* He never *ordered*—that word was taboo—but the "direction" answered every purpose as its equivalent. Superintendents sedulously avoided injurious contact with members of their staffs, and a home-like atmosphere for the latter, if in existence here and there, was certainly the exception not the rule. The writer was told by an assistant long in service in an eastern "asylum"—the designation of the time—that entertainment of the visiting American Medico-Psychological Association furnished the first opportunity he had enjoyed of placing his ward-weary feet on the lawn in front of the superintendent's impressive building. And this was *not* at Utica.

Dr. Henry M. Hurd was one of the earliest, if not the first of the *ancien regime* to depart from these precedents. He and his adorable wife made a home life for the staff, and as indicated in a memorial of Dr. Hurd, if suggestions tactfully made by its members were forthcoming, they were welcomed and appreciated.

The old-time superintendents saw to it that their assistants were perfectly oriented as to "proper place" and that dislocations did not occur.

They were to be neither seen nor heard. It is unnecessary to reveal his name but of this episode the writer was a witness. A sometime superintendent had been in an advisory capacity to, or member of, a commission for locating and building another institution. Some time after this was opened, he, with a delegation from outside the state, visited the new establishment. Did he enter by the front door and pay respects to the incumbent? He did not, but showed the visitors about the exterior and made *entree* through the kitchen. If the party reached the medical office at all it was for a brief and evidently condescending and reluctant call.

Dr. Van Deusen was unwilling that nurses or attendants should consider themselves successful in ministering unto their respective charges. A "special" attendant had scrupulously cared for her patient, dolled her up meticulously and awaited the superintendent's visit. Did he praise? With externals he could find no fault, but feeling certain that "there is none perfect, no not one," he asked to see the patient's "upper" (denture it is now denominated but at that time was called "plate"). And *mirabile dictu* thereupon was discovered a small fragment of food. Visualize his satisfaction.

Dr. George C. Palmer was a kindly, generous and friendly physician. He was of rotund proportions and pertained to the class who "sleep well o' nights." He was an excellent prescriber and conscientious and competent adviser. He was beloved by patients and the members of his staff and none of the latter had need to fear a rebuff from this waggish man who once said to the writer, who was affecting an air of dignity and maturity through demeanor and dress (a Prince Albert), "I don't know why it is, Doctor Buh', but you always remind me of a ministuh."

Dr. Palmer resigned at Kalamazoo and in 1891 became medical director of Oak Grove, a private hospital for nervous and mental diseases, located at Flint. There he died three years later, much regretted.

"Justin E. Emerson, M.D., son of Rev. John S. and Ursula S. (Newell) Emerson, was born at Waialua, Oahu, Hawaiian Islands, August 11, 1841. He attended the Oahu College near Honolulu until 1863, and in 1865 was graduated from Williams College, Massachusetts, with the degree A.B., and in 1868 had conferred upon him the degree of A.M. He began the study of medicine with Dr. David W. Miner at Ware, Massachusetts, in 1865, and after one year in Dr. Miner's office, entered the medical school of Harvard University in Boston, where he attended two courses of lectures. After a third course of lectures in Long Island College Hospital in Brooklyn, he returned to Boston and was graduated from the Harvard Medical School in 1868, with the degree of M.D. Dr. Emerson practiced medicine at West Warren, Massachusetts, from 1869 to 1870, being appointed in the latter year to the position of assistant physician to the Michigan Insane Asylum, which position he held until December, 1877. He spent the year 1876 in study abroad and during the winter of 1879-1880 took a postgraduate course in the College of Physicians and Surgeons in New York

City. In October, 1880, Dr. Emerson removed to Detroit, Michigan, which has ever since been the field of his labors. He is a member of the American Academy of Medicine, and was its president in 1892-1893; member of the American Medical Association; American Medico-Psychological Association; Michigan State Medical Society; Detroit Medical and Library Association; and of the Detroit Academy of Medicine. Dr. Emerson has been attending physician at St. Joseph's Retreat at Dearborn, Michigan, since 1888; neurologist to the Children's Free Hospital in Detroit since 1892, and to Harper Hospital since 1885, and clinical professor of nervous diseases in the Detroit College of Medicine since 1894. He has contributed numerous papers and articles to medical literature. December 26, 1877, he married Wilimena H. Eliot, A.B., A.M. and M.D., a graduate of Vassar College, and of the Woman's Medical College of New York Infirmary. They have three children: Paul Eliot, Filip Law, and Ralf de Pomeroy."[6]

Dr. Emerson died in 1923.

Dr. J. E. Emerson's "Imperative Impulses in Mental Disease," which starts out with the quotation from Hamlet:

> "What I have done,
> That might your nature, honor and exception
> Roughly awake, I here proclaim was madness.
> Was't Hamlet wronged Laertes? Never Hamlet:
> If Hamlet from himself be ta'en away,
> And when he's not himself does wrong Laertes,
> Then Hamlet does it not. Hamlet denies it.
> Who does it them? His madness.

was discussed at length by the learned Dr. Henry M. Hurd, then superintendent of what is now the Pontiac State Hospital. It is genuine refreshment to the present writer to read of the peculiarities of patients which Dr. Hurd recites, all of which are as familiar to him as the alphabet and revivify old recollections.[10]

Dr. Charles G. Chaddock, now of St. Louis, Missouri, formerly assistant medical superintendent of the Traverse City State Hospital, studied for several years under the accomplished neurologist, Dejerine, in Paris. He developed a diagnostic sign which was accepted there and by neurologists in this country under the designation "The Chaddock Reflex."

Dr. Alfred I. Noble (1856-1916) was formerly assistant in the Worcester State Hospital. He was a man of "high ideals—possessed a wealth of tact, diplomacy and genuineness."[5]

He was a New England product, tall, erect, handsome, impeccable in dress and demeanor. He died after a brief period of service, leaving upon the institution an impress of dignity, poise and punctilious performance of duty.

He was succeeded by Dr. Herman Ostrander, who was graduated at University of Michigan in medicine in 1884, received the appointment of assistant physician to the Kalamazoo State Hospital and eventually became medical superintendent. Dr. Ostrander and the writer are contemporaries and close friends, and their lives have run parallel to a degree. Both were born in Lansing in the mid-fifties, both were there at school, both were students of medicine under the same preceptor, Dr. Charles N. Hayden.

Herman Ostrander, in addition to the arduous work in hand, thoughtfully and painstakingly carried on, allied himself actively with medical organizations and was helpful therein. He was sometime president of the Kalamazoo Academy of Medicine and the local Anti-tuberculosis League; was in 1907 president of the State Medical Society. He fostered vocational training for patients, the training school for nurses and after-care efforts for discharged patients.

Dr. W. J. Herdman, to whose vision the establishment of the State Psychopathic Hospital at Ann Arbor the public, and the psychiatric profession, are chiefly indebted, was in 1877 demonstrator of anatomy at the University. He early developed a taste for neurology and psychiatry and was the first professor of these branches. He was also deeply interested in electro-therapeutics and established a laboratory in which much research work in this department was conducted. In teaching psychiatry he seriously felt the need of clinical opportunities for students and was accustomed each year to bring to the Pontiac State Hospital, the senior class to receive instruction.

At about this period also, Dr. David Inglis, professor of psychiatry in the Detroit College of Medicine, took advantage of a like opportunity. Such contacts were a source of great helpfulness to students and of inspiration to the staff of the hospital.

A sometime superintendent at Pontiac recalls with horror an episode pertaining to one of these visits. If, furthermore, his memory of the incident might perchance be obliterated in the flight of years, it would be revived, as it has been many times, by some sinister member of the class that witnessed it.

It was the custom to cut out the special coach containing a delegation and transfer it gloriously, utilizing the Asylum siding, to a point near the institution's rear entrances, in popular parlance, "back-doors." There the embryo physicians unloaded—or "alighted" as you please—and two by two marshaled by the professor and superintendent, the procession made stately entree through the kitchen. On one occasion as it reached this point, a youthful moron employed in the culinary department emerged therefrom, bearing a precious pan filled with smoking coffee-beans which had been burned in the process of "browning." No better method occurred to him for preserving a portion of the product than to submit it to cooling by the enlightened expedient of dumping the pan and segregating its contents on the concrete sidewalk. Economy was the watchword in those days but this particular "brand" (so-to-speak "from the burning") failed to meet the superintendent's approval and he rather intemperately voiced disparagement of the performance.

It is tentatively asserted that this is probably the origin of a later current expression, "spill the beans."

Dr. Walter P. Manton, late of Detroit, was born August 3, 1858, in

Providence, Rhode Island, married September 9, 1879, to Carolyn M. Williamson of Lake City, Minnesota, and died in Pasadena, California, September 24, 1925.

In the "Landmarks of Wayne County and Detroit"[6] it is recorded that his father, Walter P. Manton, was quartermaster of the Third Rhode Island Heavy Artillery and died at Hilton Head, South Carolina, during the Civil War. From this publication, the excerpts quoted are made:

"He was fitted for Brown University in a private English and classical high school at Providence, Rhode Island, but was obliged to abandon his college course for the time being on account of ill health. He spent a year in Dresden, Germany, and began the study of medicine in 1875; he matriculated in the medical school of Harvard University in 1876, and was graduated with the degree of M.D. in 1881. From 1880 to 1881 Dr. Manton was house surgeon to the Free Hospital for Women at Boston, Massachusetts. From 1881 to 1884 he studied abroad under Winckel at Dresden; Crede at Leipsic; Holl at Innsbruck; and Spaeth, Pawlick and others at Vienna and Heidelberg, and devoted eight months in London, England, to the study of abdominal surgery in the Samaritan and other hospitals under Bantock, Thornton, Meredith, Sir John Williams, Sir Spencer Wells and others. In 1884, Dr. Manton was tendered the chair of obstetrics and gynecology in the American Medical College at Beirut, Syria, but declined the position, and returning to the United States located permanently in Detroit, Michigan."

He continued in the practice of gynecology and obstetrics until 1921 when he retired and moved to California. He was "gynecologist to Harper Hospital; genesic surgeon to the House of the Good Shepherd; gynecologist to the Eastern and Northern Michigan Asylums for the Insane, and consulting gynecologist to St. Joseph's Retreat; vice-president of the Medical Board of Woman's Hospital and Foundling's Home; professor of clinical gynecology and obstetrics in the Detroit College of Medicine. He is a member of the American Medical Association; Michigan State Medical Society; Detroit Medical and Library Association; Detroit Academy of Medicine, of which he was president from 1891 to 1894, Detroit Gynecological Society, of which he was president in 1890, American Association of Obstetricians and Gynecologists, of which he was vice-president in 1894, Wayne County Medical Society, Pontiac Medical Society." He was also Active Fellow of the American Gynecological Society, a "corresponding member of the Kalamazoo (Michigan) Academy of Medicine; Fellow of the British Gynecological Society, of the Zoological Society of London, England, and of the Royal Microscopical Society of London; member of the American Microscopical Society; of the Detroit Club; Fellowcraft Club and Pere Marquette Fishing Club; Harvard Medical Alumni Association; Detroit Numismatic Club, of which he was vice-president in 1894; and of the Nu Sigma Nu fraternity, etc. Dr. Manton was the first gynecological specialist in America to receive an appointment to the regular staff of an insane asylum. He is the author of a large number of medical articles which have appeared in recent current medical literature, of a hand book of embryology, and has also published a series of hand books, and has in preparation other medical and scientific works." (*See* "Extra-Professional Activities"—Educational.)

The following memorial was published in the Transactions of the American Gynecological Society, 1926:

In Memoriam—Walter Porter Manton†

"There has been no life with which my own out-of-doors, has been more closely related than with that of the late Dr. Manton. I have traveled with him hundreds, yes thousands of miles, in almost every conceivable sort of conveyance; by rail, boat, wagon, automobile, on horseback or on foot, and I can declare unreservedly that no companion I have ever known has been more adaptable or appreciative. Whether entertained at night in the unrefined household of Aunt ——— in the North Carolina mountains, whether enjoying the hospitality of an interesting family isolated for the winter on the top of Roan Mountain, whether sitting by the fireplace in the cabin of Big Tom Wilson at the foot of Mt. Mitchell and listening to the weird stories of witchcraft and "varmints" told by this famous bear-hunter, whether in a skiff containing the miscellaneous cargo of men, hunting dogs, shooting and fishing paraphernalia and camping accoutrement, floating down the Mississippi or transferred with boat, baggage and a dog to a Memphis-New Orleans packet, whether in medical or literary associations, in clubs, drawing rooms, or a cabin in the Sierras, he was always well adjusted and uncomplaining.

"In his home he was the accomplished host, fastidious, scrupulous, attentive; in his surgical work painstaking, competent, and successful. He was erudite and his conversation was always interesting. Having knowledge of so many matters in and out of his profession, a dreary dinner was never possible in his company. He was a naturalist and his first published writings dealt with taxidermy and comparative embryology. He was on terms of intimate acquaintance with that which flies, swims, skims the waters' surface, develops in submarine depths, or crawls, runs, or grows upon the ground. His collections, entomologic, biologic, microscopic, were of great value and prepared with the utmost technical nicety and skill. He was an omnivorous reader and familiar with the lore and legends of his specialty.

"Like every surgeon of outstanding excellence whom it has been my privilege to know, he possessed great manual dexterity and resourcefulness. Whether it was making a bit of cabinet work, building for his grandson a hunting lodge, the tiny replica of one he had occupied in the wilds, fashioning a trout fly, or performing an intricate major abdominal operation, his hands never lacked in cunning. And he never operated except as an indispensable measure. He entertained hearty contempt for those who think exclusively in terms surgical, and never permitted himself to be carried off his feet by the *furor operativus*—not by any means confined to the surgeon, but which appears not infrequently in the patient who sees no prospect of relief other than in operative procedure.

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†Written by Dr. C. B. Burr, from Los Angeles, California, October 3, 1925.

"His relation to the State Hospitals for the Insane in Michigan as consulting gynecologist was of great value to them as well as to himself, carrying as it did surgical aid to the necessitous and acquaintance on his part with psychiatric problems. His was one of the earliest appointments, perhaps the very earliest, in the United States to this honorary position, and was given by the Board of Trustees of the (then) Eastern Michigan Asylum at Pontiac in April of the year 1899. It was 'honorary' in the sense that no salary was attached thereto but was by no means a sinecure. From the first he was exceedingly helpful and was often consulted. Furthermore, the appointment was made, in part, in recognition of the fact that he was a pioneer exponent of aseptic surgery in Michigan. To the younger generations in medicine to whom asepsis and antisepsis are a commonplace, it may be of interest to indicate that the present-day amazing development has from its incipiency occurred during the professional life-time of the writer, whose diploma was received forty-seven years ago. And the arm that directs this pen might not have been available for any purpose had not the meticulous Manton once assisted at a surgical operation for necrosis near the head of the humerus.

"Indeed, Manton has been to me and to mine for two-score years, a boon and benefaction. Innumerable are the kindly offices, professional and personal, which we have received at his hands. In sickness and health, in trouble, in sorrow, in the tragedies and joys of living he has filled by turns the rôle of counsellor, companion, physician and friend.

"Dr. Manton and I retired from professional work and came to California about the same time, he to take up permanent residence in Pasadena. He was devoted to the California life out of doors and prized the opportunities for horticulture and excursions to the mountains. In a group of similar tastes and reactions we walked many miles in enjoyment of the scenic beauties and invigorating air. Unhurried, we negotiated mountain trails, revelling in the charms of the landscape: and what a dire affliction it was to us all when drought and forest fires of last year [1924] destroyed so much upon which our eyes had feasted.

"His fortitude was noteworthy. Intimate as we were, I was unaware of the infirmities that eventually undermined his health and led to operative procedures. From these he never rallied completely, but was bent upon participating in the Washington Medical Congress in May and with characteristic courage made the fatiguing trip, attended the various meetings, among them those of the American Gynecological Society, of which he had been an active and enthusiastic member for years. There many of his friends in the East, myself among the number, last saw him in life.

"Soon after settling in Pasadena, he made numerous congenial acquaintances. His merits were recognized by the University Club, which enlisted him a member of its library committee, a work agreeable to him and for which he was eminently well fitted. His interest in his garden, workshop, and the development of his attractive Pasadena property never flagged. Improvements conformable to his suggestions were made while he was too ill to supervise the work but insistent upon its going forward. Its artistic completion he was, most regrettably, never able to see.

"Are there compensations, one is led to ask, for a life-time of self-sacrifice, devotion to high ideals, contributions innumerable to the comfort and happiness of afflicted humankind? Yes—possibly, but they are usually inadequate and in such an instance as this all too small and unimportant. However, I rejoice that for several years after unloading professional burdens and worries, this good friend enjoyed a large degree of rest and satisfaction, merited though it was in much greater measure by his good works.

" 'He is a fine type,' commented a medical friend to me after the brief conversation following an introduction. Verily, so indeed he was. I cannot improve upon this simple tribute and would place it upon his tomb. May the good Lord rest his faithful and generous soul."

Dr. Manton was an embryologist, botanist, taxidermist and the author of text-books on these subjects. He had remarkable mechanical ingenuity and one of his productions at least well deserves a place in a Historic Museum or one devoted to Arts and Crafts. It was a replica of a hunter's lodge which he himself had occupied in the wilds. This tiny bit of construction made as a toy for his grandson was complete to the minutest detail and made from sticks, leaves, mosses and other natural objects brought from the locality of the lodge. The rough hewn stand, holding a wee wash basin and cake of soap, arms and accoutrements of the hunter suspended on antlers fastened to the logs, a brooklet in front, ice covered, all was complete and artistic in the highest degree.

His son, an accomplished surgeon, who served with great distinction in the World War, writes as follows:

> Pasadena, Calif., Nov. 15th, 1927.
>
> Dear Dr. Burr:
>
> Since receiving your letter, I have been going through our book shelves and find that several of father's publications are not represented there. In short, he gave to the Medical Library two or three text-books—notably Peterson's—to which he contributed chapters.
>
> From the beginning of his young manhood, he displayed an extraordinary amount of enterprise and application. When he was seventeen, he wrote "Taxidermy Without a Teacher" (1876). This was the first of a series of small hand books published by Lee & Shepard which included, "Insects" (1881), "Hand Books of Field Botany" (1882); "Beginnings With the Microscope" (1884) and "Primary Methods in Zoology Teaching" (1888). Then there appeared a small manual on "Camping and Woodcraft." In later years he published a rather extensive monograph upon "Obstetrics During the Roman Empire." In conjunction with his teaching, he wrote: "Syllabus of Lectures on Embryology" (1894) which ran through three editions, and the volume on "Obstetrics" in the "Medical Epitome Series." During this period, he contributed chapters in Systems of Review on various branches of Gynecology and Obstetrics, and in his field of election, his production was both varied and extensive. From October, 1883, until 1906, he had published in vari-

> ous scientific periodicals one hundred medical essays. These he collected and had bound. They included every conceivable thesis in his specialty and he continued with forty-two more, the last of which appeared in 1921, just before his retirement from active practice.
>
> It seems to me that his persistent enthusiasm and the meticulous digestion of his reading and clinical experience launched into clear and agreeable English, place him in a very creditable position among the medical writers of his day. I trust that this material will be helpful to you in the preparation of your book. If there is anything further that I can do, don't hesitate to let me know.
>
> Very sincerely yours,
>
> WALTER MANTON.

Two children were born to Dr. and Mrs. Manton, Helen (Mrs. Nightingale), who was active in Red Cross and relief work in France during the World War, and Walter, a tribute to whose meritorious services as surgeon during that war appears elsewhere.

Dr. Manton thought, in 1889, that the stem pessary (1) "is destined to a permanent place in the gynecological armamentarium," (2) that "its indiscriminate and careless use is to be strongly deprecated," (3) that few cases where it is used show beneficial results, (4) but that in a small percentage it "undoubtedly leads to a permanent cure of the conditions for which it is applied."[10]

Dr. Ranney "thought it a pretty good thing to let alone," as a rule, but believed it might "be used in certain cases of sterility . . ." Dr. Webber used it occasionally. Dr. Manton said in closing if he "spoke distinctly in reading [his] paper you will have observed . . ."

I can hear him say it. He usually *spoke distinctly*. It was one of the charms of acquaintance with him that he practically never sought a position on the fence and it is interesting to note that in the opinion of a capable and conscientious gynecologist of my acquaintance his conclusions above given are still valid (January, 1929).

DR. HOWARD WILLIAMS LONGYEAR

It is the highly exceptional individual with whom intimate acquaintance for a half century fails to reveal an unkind motive, fails to discover an ungenerous impulse, fails to uncover a serious fault; but to the writer of this appreciation every word is just and veritable as to the late Dr. Howard W. Longyear of Detroit. And withal while displaying such fine attributes of character, he was sincere, determined, positive in his convictions, unhesitant in carrying them into action and yielding only when convinced of the expediency of some other course or in doubt of the reliability of his own judgment. "Expediency" is here to be construed in its larger implication, conveying the sense of justice, fairness and concern for the right. He was scholarly, thoughtful, and analytical, and selfish considerations swayed him imperceptibly if at all. He was a nature lover; doted on the woods, the difficultly accessible streams, the wild life of the forest. He knew birds and flowers and trees and made the best of them in all too infrequent vacations from a busy life. He was my school-boy friend and thoroughly grounded in the elements of a practical education. Graduated at the College of Physicians and Surgeons, New York, three years after his emergence therefrom, I was favored with his advice and encouragement in my own career. At the time of his retirement as resident surgeon of Harper Hospital, he attempted my installation as successor. This project failed but through it an acquaintance with Detroit physicians was established which brought about my entrance upon a life work. For a number of years thereafter I used his office, and his Detroit residence was a second home. Again and again his medical and surgical skill were liberally bestowed in my family and without regard to his own convenience or health. As a therapeutist he was marvellous and his directions for nursing care were comprehensive and definite as to every detail. I have never known one who to the same degree was competent to foresee possible complications and anticipate emergencies. He was a close observer and made at least one discovery in the well-trodden field of anatomy. His demonstrations of this in early papers on the Nephro-colic ligament before the American Association of Obstetricians and Gynecologists and other medical societies were eventually embodied in book form under the title "Nephrocoloptosis."

Howard Williams Longyear, born in Lansing, July 24, 1852, was well descended. His father, John Wesley Longyear, was an eminent jurist, member of the Thirty-eighth and Thirty-ninth Congresses, a delegate to the Loyalist Convention in Philadelphia in 1866, a member of the Michigan State Constitutional Convention in 1867, a judge of the U. S. District Court for Michigan in 1870.

On the maternal side he was sixth in descent from William Munroe, a Scottish Covenanter, banished by Cromwell to America after the battle of Worcester in 1652. The mother's family came to Michigan in 1836.

Dr. Longyear was graduated in 1875 from the College of Physicians and Surgeons, New York, pursued post-graduate study in Berlin and Vienna, and with Lawson Tait; then returned to Detroit.

He was the first resident surgeon of Harper Hospital and served three years. In 1890 he relinquished general practice, as far as his old-time insistent patients would permit him to do so, and afterward devoted himself to gynecology and abdominal surgery. He held the chair of clinical gynecology in the Detroit College of Medicine and was consultant to the Woman's, Providence, and Harper Hospitals; was for four years member of the Detroit Board of Health.

He was a founder of the Huron Mountain Club and held membership in the Detroit Club, the Detroit Boat, the Detroit Country and the Grosse Pointe Riding and Hunting Clubs and of the Old Club, St. Clair Flats.

He was married September 7, 1880, to Abbie, daughter of Ira Scott of Chicago. She was descended from patriotic Revolutionary stock, notably the Green and Porter families of New England. There were three daughters born of the marriage, one of whom, Esther, married Dr. Theodore A. McGraw, Jr., whose health was undermined by service in the World War, and whose record in important scientific research work in medicine elsewhere appears in this History.

Dr. Longyear died in Detroit, June 2, 1921. Of him it was written: "There never was a finer example of perfect adjustment of man to vocation than furnished in the life of Dr. Longyear. If ever one was predestined to the profession of medicine it was he, who intuitively knew, and with whom to know was to act. Refined, cultured, of charming personality, gentle, unselfish, devoted, he inspired immediate confidence. He never spared himself; no personal ends were permitted to weigh against duty . . . He was an accomplished diagnostician and a resourceful therapeutist. He was born into the service of afflicted humanity and conscientiously bore every burden which duty imposed, regarding the performance of duty a privilege. He distinctly advanced anatomical and surgical knowledge. He loved the out-of-doors and plants and trees, and the wild life of the woods and streams were objects of his constant interest and study. He was a fount of information upon these and kindred subjects. He was an indulgent teacher of the uninitiated. In friendships he was loyal and to know him was to love him. As a citizen the public weal was with him an impelling consideration. His life was rich in usefulness and in death he leaves a fragrant memory . . ."

"Within the past year," writes the editor of the *Journal of the Michigan State Medical Society* (February, 1928), "the Wayne County Medical Library has been enriched by several munificent gifts and endowments . . . The most recent benefaction is from Mrs. Clarence A. Lightner, daughter of the late Dr. Theodore McGraw, Sr., and from Mrs. Theodore A. McGraw, Jr., namely $20,000 placed with the Detroit Trust Company. The income therefrom is to be used for the purchase of books and periodicals, together with an additional sum of $1,000 given to bring the collection up to date. The gift is to commemorate the memory of the late Dr. Theodore A. McGraw, Sr., and Dr. Theodore A. McGraw, Jr., and will be devoted to the purchase of literature relative to surgery of the thyroid gland and also literature bearing upon endocrinology. It is well known that Dr. Theodore A. McGraw, Jr., devoted his attention exclusively during the latter years of his life to a study of the internal secretions."

Dr. Longyear delivered the annual address on "Conservatism in Abdominal and Gynecic Surgery" at the meeting of the State Medical Society in 1898.

To achievement of the early pioneers in this work he declares "the human family owes much, and to those who are developing and perfecting the work begun by them, the debt of gratitude is also due, for the most of this advanced work is being done by surgeons of good judgment and with honest intent to benefit science. As a result of the labors of these operators their ideas are gradually crystallizing into methods which stand the crucial tests which a large proportion of the profession is now competent to make."

On the other hand he has discovered that with this "scientifically valuable work there is naturally a considerable amount of much less, or of no value at all, that has been and is constantly being done by surgeons of little experience and less sound judgment, and some even with apparently more of a desire to achieve notoriety than scientific results. This is a natural result, and it will take time and considerable industry to separate their chaff from the good grain that will constitute the fundamental principles of the future."

"In their desire to submit all ills and ails to the arbitrament of the knife, they have gone to the very outskirts of the domain of disease, and then, like Alexander, feeling still unsatisfied, yearning for more worlds to conquer, have stepped across the border, and are now removing everything within reach, that, in their supernal wisdom, they can see no use for to the patient."

As to conservatism again, "There is already springing up a class of operators in this country—men of experience, skill and integrity—who are taking a conservative stand in this matter of diseased appendages and wholesale hysterectomy."

"Some of these operators, in their extreme efforts to save everything possible, will doubtless become too conservative, but it is only by the swinging of the pendulum both ways, from the most radical to the most conservative, that the true conservative point can be observed and established."

Just here a conclusion may be criticized. Swinging of the pendulum is inevitable, but need the arc be so great? Medicine and surgery in this country have been much afflicted by land-slides, but no one will question the truth contained in the summing up of this scholarly production:

"With, first, honesty to our own conscience and to our patients, and then knowledge, with judgment and skill in its application, humanity need not fear the loss of the conservative spirit in our art."

Dr. Longyear was inventive and competent in the use of his hands as well became the accomplished surgeon that he was. He had a genuine *flair* for the mechanical arts. He assisted in the construction of and repaired his own boats, manufactured trout flies and other fishing tackle, was an expert woodsman, sportsman and boatman, was a close student of everything pertaining to Natural History.

The following items are from a memorial of Dr. Longyear published in *Harper Hospital Bulletin* December, 1921. Resolutions in connection therewith are signed by Doctors C. G. Jennings, W. P. Manton, E. K. Cullen.

"He began his medical studies as a student in the office of Dr. David O. Farrand of Detroit, and graduated from the College of Physicians and Surgeons of New York in 1875. He returned to Detroit and was appointed Superintendent and Resident Physician to Harper Hospital. He was the first Superintendent of Harper Hospital. Previous to this the administration of the hospital had been part of the duties of the matron, aided by members of the staff. The appointment of Longyear as Superintendent marked the beginning of the development of Harper into a great general hospital.

"The notable event in Longyear's administration was the introduction of antiseptic surgery. The first operation made in Michigan under Lister's carbolic acid spray was performed in Harper Hospital amphitheater in 1878 before the class of the Detroit Medical College by Dr. T. A. McGraw assisted by Dr. Longyear.

"In 1879 he resigned his position and went to Europe to continue his graduate studies. He spent one year of study in the clinics of Berlin and Vienna.

"With a full undergraduate training in chemistry and medicine, three years of hospital experience and one year of graduate study in Europe, Dr. Longyear was equipped as few of his contemporaries were for the general practice of medicine and surgery.

"In 1880 Dr. Longyear returned to Detroit, was appointed to the visiting staff of Harper Hospital, located in the immediate neighborhood of the hospital, and began his career as a general practitioner. With his wide acquaintance, his attractive personality, his exceptional medical education and his devotion to those who placed themselves under his care, he rapidly became the family medical advisor of a large and influential clientele.

"At this time antiseptic technic had broadened the field of general and special surgery and in 1890, after ten years of wide experience in general medicine and surgery, he decided to limit his practice to gynecology and abdominal surgery. He never succeeded, however, in severing the strong bonds that held him to his patients of earlier years, and he remained to the end the trusted confidant and advisor to many of his old families.

"In 1890 as further preparation for his special work, Dr. Longyear returned to Europe and spent several months of study with Mr. Lawson Tait of Birmingham, a pioneer in abdominal surgery.

"In his chosen special field Dr. Longyear attained merited eminence. Progressive in surgical thought, yet conservative in his use of operative procedures, he held the confidence of his colleagues in consultation and in operative work. As an operator he was ingenious in the development of original methods, and painstaking in carrying out the details of surgical technic. . . .

"In 1895 he was made Clinical Professor of Gynecology in the Detroit College of Medicine, which position he held until he retired from active service on the staff of Harper Hospital. He was at different times Visiting and Consulting Surgeon and Chief of Staff to the Woman's Hospital and Consulting Surgeon to the Providence Hospital. He was continuously a member of the Medical Board of Harper Hospital from 1875 to the time of his death. His period of service covered the whole time during which the hospital grew from its small beginning to the great institution which it is today. In the whole history of the hospital no other member of the Board served it so long or more faithfully.

"In 1914 he was made Chief of the Department of Gynecology and Obstetrics and member of the Executive Committee under the present organization. In 1915 he was retired from active service, and was made Consulting Surgeon. The Staff of the hospital presented him with a silver loving cup, suitably inscribed, in commemoration of his forty years' service. One year later he was called again to active duty, and served two more years as member of the Executive Committee. He finally retired from the active staff in 1918. . . .

"In all the duties and activities of his life Dr. Longyear conscientiously and unselfishly gave the best that was in him. He was the devoted, self-sacrificing physician, the loyal, generous friend, the upright citizen.

"He passed away July 2, 1921, beloved by all who knew him and his works. His memory will be tenderly cherished by his patients, by his professional brethren, by his friends; but above all by the few who had the good fortune to live with him in the open and to share with him the comfort of his camp fire.

"Harper Hospital owed much to Doctor Longyear. As the first Superintendent of the hospital he laid the foundation of the administrative department of what has become one of the great medical institutions of the country. . . .

"In his work as Visiting and Consulting Surgeon he was an inspiration to younger members of the Medical Board. His broad experience in hospital affairs and his wise professional counsel were of inestimable value to his older colleagues. His genial and lovable personality endeared him to all and he has left with us the lasting memory of the able physician, the wise counselor and the true gentleman. Harper Hospital acknowledges with deep gratitude his long and loyal service."

"Shades of the past, how their forms haunt me as I write. Longyear, my friend from boyhood, whose office I used and whose home was mine. With him I've tramped through the woods and fished, and played dominoes and bridge. In medical and surgical emergencies he has been a tower of strength to me and mine."[11]

Dr. Wadsworth Warren was full of dramatic feeling and in the numerous clubs of which he was a member was depended upon for entertainment programs. These were always unique and full of surprises. He was a humorist of high type, waggish, never missing a point, responsive, with a quick come-back, but his waggishness was always kindly, never cutting or cruel. After making up beds on the deck of a yacht for Longyear and the writer of this, he remarked encouragingly and cheerfully, "You'll find this bed very comfortable indeed. The deck is coated with elastic varnish."

Whether it was to remove adenoids from my lamented daughter's throat or to furnish understanding energy to set in motion her "reluctant feet," he was equally competent. He made her an interested and enthusiastic partner to the operation; and to her frequent inquiry, "Who'll start me to school," he was the first to respond in mellow voice, *"I'll* start you, Er." No one could perform this function as well. Responsive signals were exchanged from veranda to gate of Oak Grove. When finally losing him from sight she carried with her the recollection of a waving and encouraging hand.

Nobody need esteem himself the possessor of his own dog if Dr. Warren was in the neighborhood. Ours was early at his door in the morning—long before he was up and about, whining for admission and anxious to accompany him in barking delight on equestrian exercise. He was an accomplished and graceful horseman and in mounting, stirrups were superfluous. Once after his departure without ceremony, the dog searched everywhere, but failing to find him, took a seat on the floor of his room near the bed and set up a mournful howl.

A Hospital (Oak Grove, Flint) and a Hospitable Dog that Adopted Dr. Wadsworth Warren

He was devoted to the country and a lodge-in-the-wilderness life; was a most expert sailor and yachtsman. The innate perversity of inanimate objects was no handicap to his undertakings, and breaks in machinery or failures in adjustment were alike unimportant. He could repair anything. With a soldering iron and a tomato can he was able to make a useful atomizer for emergency work on the writer's throat. His touch was deft and precise, but thorough. His interest in mechanics led to considerable loss of earnings acquired in diligent and painstaking practice, through investments which appeared promising but turned out badly. His clientele in otolaryngology was large and made up mainly of discriminating, intelligent and prosperous people. I remember well his casual remark in reference to a long line of eminent men seated at the speaker's table at an impressive banqueting function, "They are all patients of mine."

He made no difficulty in navigating the Great Lakes from the Straits of Mackinac to Detroit and farther in a small motor boat, carrying but one other occupant, his wife. He was for a long time editor and publisher of a yachting journal, *Fore and Aft.*

It may well be believed, as a memorial from a committee of the Detroit Academy of Medicine declares, that "the Academy remembers Dr. Warren's presidency and will never forget the man as it knew him during those two years." No organization with which he had such important official connection could fail in appreciation of the value of his learning, his zeal, and his wit.

He died October 22, 1922, after a brief illness—so brief indeed as to be a tremendous shock to all of his relatives and friends, so brief that the ambition of his life, as he once playfully revealed to me, could not be realized. "I have always hoped sometime to enjoy the sensation of half a dozen doctors working over me."

He was born in Elk Rapids, December 23, 1864, and was the son of a Congregational minister. He received the degrees of A.B. and M.A. at Olivet College in 1885 and 1886, and was graduated from the University of Michigan in 1889; was for a time an assistant physician in the Kalamazoo State Hospital. He came in 1891 with Dr. George C. Palmer to Oak Grove Hospital in Flint, there remained during the three succeeding years of Dr. Palmer's administration, as assistant physician, and for a few short months with his successor, the writer. His presence was a constant joy and benefaction to the latter and his family and his departure a source of abiding regret.

He married Adelaide Fenton Birdsall of Flint, February 14, 1895. During most of that year and 1896 he studied otolaryngology in Vienna. On his return he located in Detroit in this specialty. His widow, a daughter and a son who has followed in his father's footsteps, and is now specializing in Detroit in the same department in medicine, survive him.

At the fete given in honor of Dr. Walter H. Sawyer, president of the State Medical Society in 1913, his hospitality as chief of the entertainment in "Number Fifteen" will long be remembered by those present.

His portrait hangs on the wall of Providence Hospital, Detroit, an institution to which he gave devoted service for many years. His memory is enshrined in the stricken hearts of his many friends, his patients and his fellow physicians. The opportunity to record in this history a tribute to him, however inadequate it may appear, is deeply appreciated.

Wadsworth had a lamentable lapse of memory as to one particular. He was never able to recall correctly the name of the most important and honorable of all medical specialties and invariably pronounced it as if spelled piskesiatry, placing undue emphasis upon the first syllable.

His knowledge was well in order, he had a clear, convincing literary style, and was not given to overstatement. In an article on "Asthma" he writes:

"From what I have been able to glean from the wealth of literature on the subject and from my own experience I am of the opinion that when we state that the phenomena of asthma are the result of tonic contraction of the muscular coats of the trachea and bronchi due to irritation of the vagus, we have expressed all that our present knowledge of the facts will warrant."

Also: "In recent years the striking advances made in physiological chemistry have instructed us regarding another series of products formed in the intestinal tract which are actively irritating to various nerve centers. The ptomains and toxins found in the intestine have no doubt a strong influence upon the nerve centers and it is easy to understand how they may give rise to an asthmatic attack in a predisposed individual, the equilibrium of whose nerve centers is at best always in an unstable condition. In patients in whom the condition may be suspected it is important that due attention be given the digestive tract for the correction of imperfect digestion and to hasten the excretion of all effete products."[10]

Dr. Charles Tracy Southworth, Jr. (1866-1926), one of the most attractive and delightful medical men of the writer's generation, was born in Monroe, was a graduate from Monroe high school and in medicine from Detroit College (1886). He entered the College of Physicians and Surgeons, his father's *alma mater,* served four months in the New York Hospital, located in 1887 in Monroe.

"It is generally admitted," declares his biographer (1890) "that the doctor is a young man of extraordinary qualifications and promise."[4] This prediction was abundantly fulfilled. He had a large practice, was devoted to it, was unsparing of self in ministrations to patients. He enjoyed the confidence of his confrères at home and was the life of a coterie in the State Medical Society. Presided over by his accomplished wife his home was the abode of hospitality—and Gemütlichkeit.

"The winning, impulsive, affectionate and much-lamented Tracy Southworth was one of his [Dr. Brodie's] favorites and studied in Dr. Brodie's office."

His death was tragic. (*See* account elsewhere herein.) Peace to his ashes.

"Friends he counted by the scores . . . possessing an endearing personality." "He was a friend of fellow workers, a physician of ability and conscientiousness, a citizen of integrity." (Resolution of Council.)

Dr. William Brodie, while not an orator in the accepted sense of the word, was a sincere and somewhat caustic speaker. He differentiated correctly between horticultural implements and gave to each its homely name. His antipathies were strong and his affections dependable. Those whom he liked could go as far as they pleased in his hospitable house. I recall once upon a time Dr. Frank Brown ordering him out of the dining room when a prenuptial party given in Brown's honor was moving forward with considerable speed. Dr. Brodie had ventured into the reserved precincts for the purpose of obtaining scrivener's inspiration from a corner cupboard. "You are not wanted here," Brown declared. "This party is for young people and you are *persona non grata.* Go back to your presidential address and leave us in peace." Dr. Brodie chuckled, took a nip, and departed.

Dr. Benjamin P. Brodie (1859-1920), a unique character, cannot be classified and that's the trouble with placing Ben Brodie. One possessing universal sympathies may be claimed in the groups of Society, Clubs, Fraternities, but infinite variety isn't circumscribable. Begetting this son, a veritable joy to the world was among the many good services rendered by the late William Brodie. Tall, handsome (the writer once heard a discriminating matron declare that as a baby his pink skin made irresistible appeal for "head to foot" osculation), sunny, witty, gracious, generous, an accomplished raconteur, a big welcome awaited him everywhere. His acquaintance was country-wide and he was as popular elsewhere as at home. Withal he was a good physician and surgeon as shown by numerous appointments; among others, visiting physician to St. Mary's Hospital and the Woman's Hospital; assistant surgeon, Harper Hospital, local surgeon to the Grand Trunk Railway, to the Detroit Fire Department, and Street Railways, and assistant surgeon to the Michigan Naval Reserve. He held membership in various local and national medical organizations, in the Masonic fraternity, Detroit Boat Club, Detroit Club, and Harmonie Society; was medical examiner for three of the large life insurance companies.

He was born in Detroit, April 6, 1859, attended the famed Patterson School and the public schools of Detroit and was graduated with the degree of B.A. from the University of Michigan in 1882, although I've heard him say that owing to escapades from time to time in college, the going was difficult. Doubtless there, as elsewhere, he was irresistible and lapses from perfect Sunday school standards were ignored. He received an M.D. from the Michigan College of Medicine in 1884.

Himself above six feet in height, one of his classmates singled out through "natural [to him] selection" was a diminutive person from a distant land—Hawaii or the Orient—named Catto. A visit they made in company to the Pontiac State Hospital is memorable. Introduced to a woman patient of lively reactions and limited inhibitions, the remark was prompt in forthcoming, "Cat'to did you say? Cat'to—Well, he aint much bigger than a cat." Wherever Ben went, he was the life of the party. With two friends the writer encountered him once at Saratoga during a meeting of the American Medical Association. We were visiting together on the street and the three greatly enjoying his sallies when along came an acquaintance from New York. "Bill" was somewhat bumptious and bustling as became a denizen of the metropolis and vouchsafed but few words. "Well, so long, Ben," came out rather suddenly, "I must take the next train" and waving a comprehensive adieu he started on. "Oh Bill," called out Ben after he had gone a few paces. Turning around Bill inquired, "What?" Whereupon, "Bill, let the train take you."

He came by waggishness naturally. An uncle, his mother's brother, who lived on Williams Lake in Oakland County, was a droll specimen. We drove in early one morning, Frank Brown, Ben and the writer. Uncle Billy, who was busily engaged in the barnyard adjusting a tire to a wheel, paid no attention whatever. Pound, pound went the hammer or stone until our horse was out of the shafts, and then from Uncle Billy, "Who the 'ell you got there with ye, Benjy," whereupon we were duly presented and taken in to breakfast. And that night, after the fishing! Are the supper and the fun and Uncle Billy's home-made "Mead" forgettable? The imperturbability displayed during the wagon-wheel repairs recalls another episode.

After living for many years a bachelor Ben married, November 14, 1907, Mrs. Tallant Tubbs of Washington, D. C., and thereafter for many years resided in Santa Barbara.

A life-long friend living in Detroit, seated in the lobby of the St. Francis Hotel, San Francisco, saw him approaching and rose eagerly to greet him; but Ben had seen him first and assumed a mask-like physiognomy of non-recognition as he advanced with extended hand and beaming countenance. The friend was disconcerted and assumed he had mistaken identity although Ben resembled no one on earth. Returning puzzled to his seat as Ben passed along he was again surprised by a sudden, "Come on, Homer, let's have a drink."

He decided many years before to retire from practice at the age of 60, and this plan was carried out, but he was forced on account of the exigencies of the World War to take up work again in 1917.

He once inquired, very casually, of a mature woman physician, "Do you love me?" She promptly came back, "I don't know whether I do or not"—which epitomizes the attitude of many of his women acquaintances.

His death occurred in San Francisco, January 24, 1920. Sincere sympathy is felt by the writer for the generation which never knew him.

Dr. David Inglis, one of the most interesting characters that Michigan medicine has produced, was born in Detroit in 1850, one of a family of nine, and the son of Dr. Richard Inglis, eminent obstetrician, a record of whose life appears elsewhere. It will interest present day readers to know that his birth occurred in a house located on property now occupied by Kerns Department Store. His boyhood days were spent in Detroit but before finishing at the old Capital School he attended the high school in Grand Rapids where his father had taken the family during the early period of the Civil War. He was graduated in medicine at the Detroit Medical College and later studied at Bellevue Medical College, New York. The years 1871 to 1873 he spent in Europe under the best known instructors, among them Professor Virchow who "many a time slipped an arm through this earnest young student's and talked to him alone." In Berlin he occupied a laboratory seat "elbow to elbow with Dr. William Osler." There he spent thirteen months. Later he studied in Vienna and Prague. After the death of his father in 1874, he was appointed to the staff of Harper Hospital and was secretary of the faculty in 1878 at the time a certain aspirant failed in an effort to succeed his friend Longyear as resident physician of the hospital. His treatment of the aspirant left in the latter's mind an indelible emotion of gratitude and devotion which years of familiar intercourse thereafter could neither wither nor stale. He was kind enough to give assurance that the two arrived under the wire even as to marks and that a wrench incident to the casting vote was painful in the extreme. Be this as it may, his loyal friendship through later life was a precious possession. He was often heard to remark that his visual memories were defective and was accustomed to say to students, "I shall not know you when I meet you. Please make yourselves known to me." Recollection of this inspires the writer of this appreciation to thank the good Lord that he never forgot *him*. Inglis was what might be called delightfully erratic. If there was a side of the political fence boggy, miry or insecure he was sure to land in it up to his knees. He greatly enjoyed discussion of matters material or immaterial, medical, economic or what not. His opinions were voiced forcefully and with complete conviction but were never harsh nor unjust. He was temperamentally and practically musical. He claims to have been repressed in childhood—influenced unduly by paternal prestige and authority —and deplored the fact that as a boy he was not permitted to take active part in strenuous games and athletic contests. This may well have been the case, and the contentiousness of mature years an expression of revolt. However, one who knew him well must feel that he developed along lines attractively human and altogether admirable.

His first lectures in the Detroit College were on the subject of histology. Six he prepared in advance and found the plan unsatisfactory. Thereafter he "never wrote out anything" and got along much better. He was a fluent speaker, eloquent at times, especially when a matter of sentiment was involved. He kept the records while a student in Vienna and was well equipped in the specialty of histology. However, his penchant was for neurology, a branch of medicine in its swaddling clothes at the time he succeeded to the chair of nervous and mental disease.

He was particularly fond of psychiatry and very practical and useful in dealing with psycho-neurotic patients. He was accustomed to accompany the senior class in college to the Pontiac State Hospital for a day's clinic. It was to him that was first submitted (1894) the manuscript of a tiny "Primer of Psychology and Mental Disease" (by C. B. B.) and his approval vastly encouraged publication.

Those who knew him after he had found footing in neurology and psychiatry in later years will with difficulty associate him with midwifery, but he writes on "Rupture of the Perineum" and his "delivery" is good. Although he quotes Goethe's "there are many echoes in the world and but few voices" he disclaims the intention "to give voice to original ideas."

His death occurred in January, 1922. Shall we "look upon his like again?" Never. He was a unique character. The writer expresses acknowledgment to Mrs. Inglis for divers data and quotations.

In the report of a Necrology Committee[5] it is written that he "entertained a philosophical view of life which is possessed by very few," "to converse with him was a mental stimulus," to " 'touch the hem of his garment' was to come away richer than before." He is imagined in that "undiscovered country" as declaring, " 'My sword I give to him that shall succeed me in my pilgrimage and my courage and skill to him that can get it.' "

Dr. Davis Inglis agreed with Dr. William M. Edwards of Kalamazoo on "the practical impossibility of carrying out any successful therapeutics in mental diseases at home."

He paid tribute to the Pontiac State Hospital, to which it was his habit to take his senior class each year, in these words: They "say when we go through the disturbed ward 'Now these people are a little bit noisy but where do you put your violent patients?' "[10]

Dr. H. B. Osborne of Kalamazoo in discussing the same paper gave to the world a valuable lesson in self-restraint. The patient spat in his face but the doctor "showed no anger at the insult." In due time virtue had its reward in the admission of the patient, then recovered, that had resentment occurred, "if you had been mad, you would not have been here today to hear me tell this story. I was going to kill you."

Concerning "Moral Imbecility" Dr. Inglis writes, "The whole question of morality is a social question, and moral insanity is social insanity. It is because of this that the courts and the laity look with doubt upon the idea that a man may be otherwise normal yet morally insane. Nevertheless, as scientists, we must maintain that moral insanity is a fact in psychology.

"The question of moral defect in a person mentally capable otherwise will not down, it cannot be ignored. We, as medical men, are doubly interested in the growth of a general public knowledge of the facts. We are interested because only through our profession can the general public become properly informed. Only as the public is so informed can there arise a just attitude of the public toward these defective members of society."[10]

Dr. Belknap of Niles in discussing this interesting paper said among other things, "It seems to me that in some manner this mental or moral obliquity ought to be recognized by law. At the present time, as Dr. Inglis states, the law is holding the medical profession in ridicule, because we apparently do not agree on these subjects. I am not a stickler as to methods—I don't know as I could say how the State ought to undertake this subject—but it would occur to me that at least some one ought to be employed in connection with our State prisons to examine into these cases, and when a case of this sort occurs he ought not to be turned loose on an unsuspecting public."

Of a sometime patient in the Pontiac State Hospital, Dr. Charles W. Hitchcock said, "The woman did not appear to be of large mental calibre and yet normal for the class she represented, to all appearances. She happened to be in one of the halls of which I had charge, and Dr. Hurd said to me, 'I fail to see any special evidences of insanity about Mrs. —— and I wish, Dr. Hitchcock, in your rounds you would be particular and give careful consideration to that case, get her into conversation and find out what you can about her.' I did so and I had a number of conversations with the woman before very much was elicited. Finally, however, she talked to me a little more freely, and it was marvelous the freedom with which she discussed her illicit relations with this man and that man, and with the utmost absence of any shame or appreciation that it was in contravention of any moral laws or obligations whatever. The woman seemed utterly lost on the moral side. And it was relations growing out of that very defect that had led to her admission to the asylum."

Dr. E. L. Shurly spoke of habit formation in this connection. "We meet with many people who will continue to do wrong—intelligent people who will continue to do wrong, and if you talk with them and say, 'Why do you do that?' they will say the impulse seized them to do it. They know it is wrong all the time and they acknowledge the wrongdoing, so that you cannot conclude that they cannot help it; you can only say that they have indulged a psychic habit. If, for instance, a person gets the habit of going around a post on its right side, it is but a little while before the habit becomes automatic and fixed; it may affect the brain or it may affect the spinal cord."

Dr. Inglis (replying to a question as to lying naturally and stealing naturally) said, "I am not a very good Presbyterian and I always quarrelled with the idea of original sin, still, I recognize that I am somewhat of a liar myself."

Dr. Shurly: "That is what I wanted you to acknowledge."

Dr. Ferguson of Kalamazoo said, "Dr. Inglis mentioned the fact of face blindness. I could not help realizing how prominently that feature existed in my own nature, in regard to Dr. Inglis. Twenty-eight years ago the twenty-eighth day of next month, if I mistake not, Dr. Inglis and I said 'good-bye' to each other. I had not seen him since until today and the face blindness made itself prominent in that respect."

Dr. Inglis: "Did you know mine?"

Dr. Ferguson: "No, the Chairman calling you by name is what helped me out."

As to visual memories, he himself has written, "I happen, personally, to be subject to an analogous difficulty. I am face blind. I can by no means recall to my mind the memory of a face. I have no mental picture of the faces of those nearest and dearest to me. I do not see faces in my dreams. Necessarily such a defect is a great drawback for I am continually in difficulties from failure to recognize acquaintances. No training, no voluntary effort has apparently any power to correct the defect. It is again not a faculty untrained but a faculty lacking. That such a limited defect is possible is shown by the phenomena of word blindness."[10]

Dr. Frank W. Brown (1855-1893) was a rare specimen. He was educated at the famous Patterson School for boys in Detroit; was the son of the beloved Dr. James A. Brown; was graduated at the Detroit College of Medicine in 1877 and subsequently pursued medical study at the College of Physicians and Surgeons, New York, and in Vienna and Strasburg. He paid especial attention to histology and pathology; was professor of histology, then of materia medica and therapeutics in the Detroit College of Medicine and in 1889 received the appointment of pathologist to the Eastern Michigan Asylum.

He was a "lucid and vigorous writer and his few contributions to medical literature were the result of careful observation and well digested experience."[10]

He was a member of the Michigan State and Detroit Gynecological Societies and of the Detroit Medical and Library Association; was for several years associate editor of *The Annual of the Universal Medical Sciences* and also connected in editorial capacity with *The Microscope* and *Harper Hospital Bulletin.*

He was a competent pathologist, histologist and microscopist. Like his crony, Dr. Fred Mann, he was a rhymester and his output was not infrequently personal. In New York his quarters were in an aristocratic section, while those mentioned below were modestly ensconced on East Ninth Street, in a room made vacant by the suicide of a lodger two days before the arrival of the new occupants. Brown was accustomed to refer to this locality as "The Dock." Once during a lecture this tender missive was passed down from an upper seat in the amphitheatre:

"Oh could I live down on the dock
 Where Lewitt and Burr reside,
Where cabbage stink is the principal stock
 Where bummers and thieves lie side by side,
Where the bold cop on his beat ne'er snores
 Watching for vagrants and brazen ——
Oh could I live! but I'll humiliate
 them no further."

Traveling to Bay City in the company of the author of a medical classic entitled "Cocculus Indicus in Epilepsy," destined to broaden the mental vision of members of the State Medical Society, prolonged pause was necessary at Holly owing to the well-known reciprocity of railroads. Brown couldn't get over the impression that the place was Hölle and the title of the paper "Coccubus Incubus."

Rereading the above mentioned paper, recently in the *Detroit Lancet,*† the writer is almost persuaded that the drug has therapeutic value, but how largely the wish to see determined the mental registration at the time is, forty-seven years later, a matter, to say the least, of grave question. The ability to recall remote events which youth charitably concedes to age is, regrettably, not altogether dependable and *post hoc* was doubtless tangled with *propter hoc* even in the golden period of "the eighties." Brown was accustomed to refer to commotion in the abdominal cavity as "borbygyums."

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†Volume V (1881), Page 5.

He was a loyal friend and valiant fighter (*See* "Malpractice and Litigation.")

He was especially useful to the Detroit Medical and Library Association. March 16, 1885, he reported upon tumors of the axilla and breast for Dr. McGraw that "both tumors were carcinomatous; both were malignant and contained cysts." He also exhibited "microscopical sections of the kidneys, mentioned and exhibited by Dr. McGraw at a preceding meeting. One kidney was very small and entirely useless, it being diagnosed as one of chronic cirrhosis with obliteration of the uriniferous tubules and glomeruli, rendering the organ wholly unfit for duty. The other kidney, though compromised by abscess, still carried on the secretion of urine."[7]

Dr. Charles W. Hitchcock of Detroit, for five years secretary of the Michigan State Medical Society and whose biography appears elsewhere, was before entering upon the study of medicine a school superintendent of recognized ability. He was the son of the distinguished surgeon, Dr. H. O. Hitchcock of Kalamazoo. He served on the staff of that incomparable psychiatrist and executive, Dr. Henry M. Hurd of Pontiac, later superintendent of Johns Hopkins Hospital. Eventually, he located in Detroit, where he taught neurology in the Detroit College of Medicine.

Dr. Henry S. Noble was for a time assistant physician at Pontiac, to fill a temporary vacancy—and later a member of the staff at Kalamazoo. He resigned from there and accepted a position at the Hartford Retreat. From the latter institution he contributed an article to the *Detroit Lancet* on "The Public School in Relation to Insanity." It is an erudite study and the conclusion is reached that "the public school training has failed in affording power and vigor of mind or the least originality of thought."

Vocational activities as well as avocational were then in what is obstetrically termed the "womb of the future." There were no lathes, no intriguing electrical phenomena to investigate, no bands to disturb the ambient air, which adequately accounts for the dearth of mental power and vigor. Still Dr. Noble recommends, "Teach fewer branches in the public schools and teach them thoroughly." How absurd in the light of "progress."

However, one is compelled to say that Dr. Noble was a keen observer. An assistant physician at Pontiac had an "interesting case" in his service with which he desired to acquaint him. It was early morning and the case was in a "hard case" indeed. Approach was slippery and insecure. One glance was sufficient for the time and they incontinently "beat it," whereupon Dr. Noble very casually inquired, "Have you anything else to show me?"

"The late annual meeting of the Detroit Medical and Library Association was very satisfactory to its friends. A considerable number of volumes have been added to its library, its expenses all met, its membership considerably enlarged, and an increased feeling of fellowship manifested by its members. Dr. H. A. Cleland was elected president for the ensuing year, and Dr. Willard Chaney, secretary. The other officers are such as to render it certain that the coming year will be the most prosperous of any in the history of the association."[2]

It is assumed that the president and secretary assisted the "other officers."

At the "Annual Reception of the Detroit Medical and Library Association" (Do you get this "Reception" stuff, Amiable Peruser?) October 5, 1891, the "Toasts" given out by the accomplished and versatile E. L. Shurly included "An Eye-Opener" by Dr. C. J. Lundy; "The Physician—The Man," by Dr. N. W. Webber; "The Medical Journal," by Dr. Leartus Connor, and "Our Society's Future," by Dr. Theodore A. McGraw. This portion of the menu card is the only part submitted (by Dr. Cree who kept a scrap book) but it may well be doubted whether vinous preparations pertained thereto. Drs. McGraw and Connor were both abstemious, the latter at least a total abstainer. Besides, the Rev. Lee S. McCollister was "among those present" and responded to "Prophecy" inspired by Fitz-Green Halleck's

> Thy voice sounds like a prophet's word
> And in its hollow tones are heard
> The thanks of millions yet to be.

This organization took itself quite seriously despite the fact that it numbered in its membership men like James A. Brown and Noyes who were eminently tolerant and prone to overlook human foibles.

Detroit Gynecological Society

Quite the contrary in its attitude toward life in its large implications was the Detroit Gynecological Society.

Contemplating a menu card which is rescued from oblivion by Dr. Cree, the reviewer experiences a sensation of keen regret that his lines at that particular time had fallen elsewhere and that if summoned he was unable to attend this banquet. At all events he has no recollection of it.

Of this meeting Dr. Cree writes: "Sixth Annual Meeting of the Det. Gyn. Soc. was held at Poli's Restaurant (Italian) which was on Gratiot near the old Library, Wed. Oct. 15, '90.

"I do not recall the retiring President who gave the Dinner but it was a good one and the first I had attended.

"Dr. Mann was Direttore dei Brindisi and the responders were Drs. Carstens, Devendorf, Dr. F. W. Brown and Mr. T. S. Jerome. It is needless to say the menu was fine and the speeches the best."

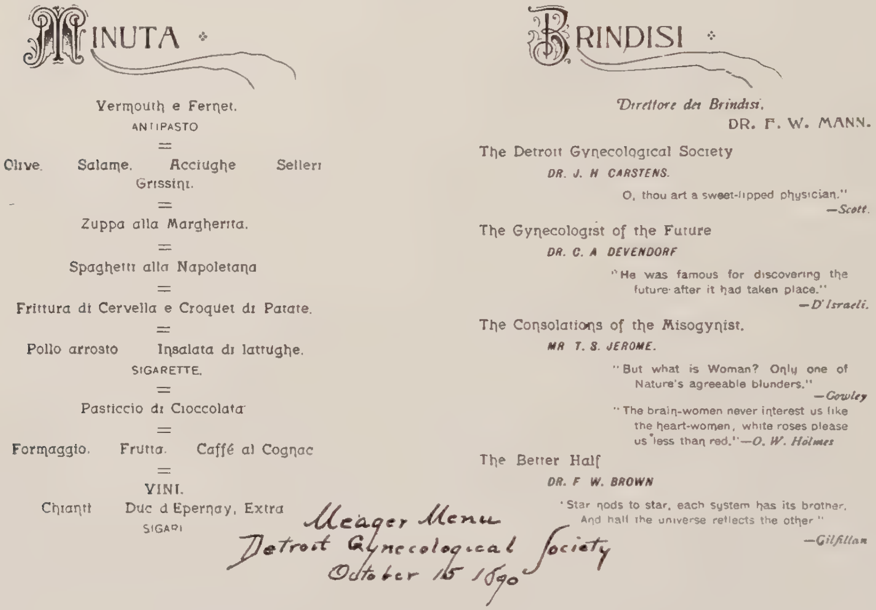
And of the eighth annual meeting, October 19, 1892, "Dr. Jennings was the retiring President. Fine dinner after the meeting and speeches were made by the following—Drs. C. N. Smith of Toledo, Charles Douglas, H. W. Longyear, Mr. Thomas S. Jerome, F. W. Mann and J. E. Emerson."

At this late date Dr. Charles G. Jennings will please accept my regrets for non-attendance upon the "annual meeting of this very flourishing special society" of which he was retiring president. I'm unable to recall whether he invited me, but if he didn't I'm confident he would have done so if he had thought of it. Would that I had heard responses of my dear old friend, Longyear, on "The Gynecologist and the General Practitioner," of brilliant Tom Jerome on "The Ethics of Gynecology," of the unique and resourceful

Mann on "The Aesthetics of Gynecology" and of the erudite Emerson—psychiatrist *par excellence*—on "The Victims of Gynecology."

Now, alas, these voices are all stilled.

"Dr. Carstens gave his dinner at the St. Clair Hotel—I cannot give the date—but it must have been in 1893. Devendorf was elected president and the vice was thrust upon your humble servant [Dr. Cree] who told Devendorf not to die for at least a year as the banquet expense was getting to be something and each year's dinner seemed to be a little bigger, and if not, more expensive than the last. I am glad to say that the doctor was in good health the next year."



MINUTA

Vermouth e Fernet.
ANTIPASTO

=

Olive. Salame. Acciughe Selleri
Grissini.

=

Zuppa alla Margherita.

=

Spaghetti alla Napoletana

=

Frittura di Cervella e Croquet di Patate.

=

Pollo arrosto Insalata di lattughe.
SIGARETTE.

=

Pasticcio di Cioccolata

=

Formaggio. Frutta. Caffé al Cognac

=

VINI.
Chianti Duc d Epernay, Extra
SIGARI

BRINDISI

Direttore dei Brindisi.
DR. F. W. MANN.

The Detroit Gynecological Society
DR. J. H CARSTENS.

O, thou art a sweet-lipped physician."
—Scott.

The Gynecologist of the Future
DR. C. A DEVENDORF

"He was famous for discovering the
future after it had taken place."
—D'Israeli.

The Consolations of the Misogynist.
MR T. S. JEROME.

"But what is Woman? Only one of
Nature's agreeable blunders."
—Cowley

"The brain-women never interest us like
the heart-women, white roses please
us less than red."*—O. W. Holmes*

The Better Half
DR. F W. BROWN

'Star nods to star, each system has its brother,
And hall the universe reflects the other"
—Gilfillan

Meager Menu
Detroit Gynecological Society
October 15 1890

BANQUET MENU—DETROIT GYNECOLOGICAL SOCIETY, 1890.

The writer was also, regrettably, among those absent from this meeting.

As may be inferred from the foregoing, it was the rare good fortune of "one of us" whose specialty in medical practice was but remotely related to that enterprising group to have in the ranks of the "Detroit Gynecological Society" of another day several friends who were mindful of his material and spiritual needs. Through these generous souls he was enabled occasionally to participate hungrily and thirstily in delightful dinner meetings. One quite unforgettable was held at the hospitable home of the Longyears—Woodward and Martin Place—and was much enlivened by the wit and wisdom poured out in profusion by the participants.

Of these the late Dr. Devendorf was an outstanding exemplar. He scintillated in companies of this character and his presence was a welcome addition thereto. There was an occasional serious speaker, as was becoming in the ranks of those whose clientele was made up exclusively from the species whose presence suggests to the male, refuge in the safety zone. The expression "made up" is not to be construed in the modern sense, but as the equivalent of "composed." In the happy yester-year when the society in question flourished there were no "beauty shoppes," osculation left no stain, and legs straight or crooked, plump or lean remained "wie Gott will" and not subject to surgery. Their configuration was no concern of the wearer of flesh-colored hose and to the bystander was of conjectural interest merely.

But this is far afield. We were writing of dinners. Among these was one at Tom Swan's Cafe. Fred Mann acted as toastmaster. There were grave differences of opinion among the speakers as to whether the word gynecology should be pronounced "jinny" or "giney" or "ginny." Dr. E. L. Shurly was at that time, as always, engaged in research work. Mann left to him the decision apropos the controversy whether it should be pronounced "giney-pig" or "ginny-pig."

The bustling, busy and companionable J. H. Carstens was at the dinner. In post-prandial activities, down below, he was a useful and dependable counsellor. To the timid and dubious he quoted Bismarck's dictum that "Wein auf Bier" was a combination free from devastating possibilities.

"In Germany no journal dares to say aught against the favorite of the despotic Bismarck," declares the *Medical Age* anent the appointment of "Dr. Schweininger, the German charlatan," to the medical faculty of Berlin. He was successful it seems in a "cure" for obesity through a plan stolen from Oertel.

Dr. Walter J. Cree, who has had large secretarial experience in the Detroit medical societies—the Detroit Medical and Library Association, the Academy of Medicine, the Wayne County and the Detroit Gynecological Society—has preserved, fortunately, the menu of this dinner.

"The Seventh Dinner was given at Swans, Oct. the seventh, 1891. Dr. A. W. Imrie was the retiring president. Below is a copy of the menu":

"Lay on Macduff; and damned be him that first cries 'hold, enough.'

MENU

Blue Point Oysters		Sauterne
	Potage	
	Creme au Celeri	
	Poisson	
	Saumon a la Hollandaise	
	Cucumbers	
	Releve	
Tenderloin a la Flamande		Claret
	Entrees	
	Timbales of Chicken a la Perigueux	
Chouxfleurs au Gratin		Champagne
Sorbet au Rhum		Cigarettes
	Roti	
	Canard Mallard, with Currant Jelly	
Fried Hominy		Burgundy
Chicoree	Celeri naturel	
	Entremets	
Glace Napolitaine	Assorted cakes	
	Fromage	
Roquefort	Neufchatel	Liqueurs
Dessert	Cafe Noir	Segars

"I think," he writes (to C. B. B.), "that this was the banquet you referred to. It certainly was the most expensive one and the hilarity, well, the above speaks for itself.

"You will recall the small one-horse coupes that used to be in vogue at that time? Well, if my memory does not slip, after the dinner, Drs. Manton, Mann and a gentleman that now resides in Flint, and Dr. Ben with his long legs hanging out of the window, left for home or homes. Dr. Lyster was there and he, who as you perhaps know, was a very moderate taster of alcoholic beverages, had in front of his plate, all the empty bottles of the others. I think it was Devendorf that started the joke. You will recall Dr. George W. Stoner of the Marine Hospital. He was a fine fellow. There were so many of the members there that night that I cannot at present recall the names."

He very pertinently inquires, "What would some of the Anti-Saloon League say to this?" and adds, "Personally I believe in temperance in all things—and I do like a bottle of musty ale"—a sentiment in which many a participant in the pleasures of the past will be heartily in accord.

And apropos "temperance in all things," the following letter published in the *Bulletin of the Wayne County Medical Society* at the time of the Valentino and Ederle emotional orgies although playfully expressed records a besetting sin of the American people *en masse*:

> Congratulations on the editorial, "The Movies Shall Not Move Tonight." It is rich, and in a playful way features correctly a sign of the times. "We will be entertained," writes an observer. What does it all mean? It is an expression of starved emotion—the chase after the sensational—emotion which formerly found outlet in camaraderie with incidental uplift connected with the cup that cheers?
>
> In place of alcoholic intoxication, rarely in the olden time displayed in mass, are we destined to see repeated orgies of emotional inebriety over deceased movie actors and exponents of natatation? At least it may be averred of those who in considerable numbers at one time—a rare happening—indulged in immoderate drinking, that the crowd was usually good-natured, that oftener than otherwise exaggerated politeness was displayed. How was it at the "lying in state" of Valentino? Every inch of the pavement disputed and seventy-five casualties. And the homecoming of Miss Ederle, whose achievement was certainly deserving of *dignified* recognition? This was also accompanied by a humiliating and disgraceful emotional storm. I repeat the inquiry, What does all this signify?
>
> I have elsewhere written, "Appreciation and applause are healthful and stimulating, adulation and hurrahs wasteful and inexpedient. The output of emotionality among Americans requires stabilizing. In such event it would carry farther and be more effective for happiness." Can this best be accomplished by prohibitions or inhibitions? Must pent-up emotion find expression in one or other form of inebriety? In all seriousness "I ask to know" (to quote "A Japanese Schoolboy").
>
> In conclusion, lying in states (not lying-in states) might by legislation be limited in number. This would help some, if not so sumptuary as to determine revolt and riot.
>
> Very truly yours,
>
> C. B. Burr.

Dr. Frederick W. Mann of Detroit was a quaint, interesting and versatile character. He conjoined ability and resourcefulness as a physician with literary and social gifts which made him extremely companionable in the somewhat restricted circle of friends who enjoyed his close acquaintance. He was a forceful writer and for a time ably edited and contributed to the *Physician and Surgeon*. He was a thoroughgoing student and in his mental make-up somewhat mystical. He was extraordinarily well equipped in the critical faculty and discussed music, art and literature entertainingly. At the moment, the thoughts of the present writer hark back to a dinner table tilt between him and another on the subject of the relative merits of Italian and German Opera, the former his preference at least for the purpose of the debate. He was a close and competent student of Shakespeare, was a chess-player of no mean ability and in the company of two congenial spirits, Dr. Frank W. Brown and Thomas Jerome, who regrettably preceded him to the great Beyond, was accustomed to take long walks and compose en route verses after the fashion of Omar Khayyam. Eventually he moved to Italy and married an accomplished woman, formerly a resident of Michigan. He took an important part in medical work in London during the World War. He died in 1927.

He delivered the annual address on surgery, "Surgery as a Science," at the meeting of the State Medical Society in 1894.[10] His clarity of expression is well indicated by excerpts therefrom.

"Surgery as an art deals with the gross results of morbid processes and finds no scarcity in the number of its exemplars. Surgery as a science deals with causes rather than results; concerns itself with questions of ultimate pathology in the solution of which the possibilities of surgical art are exemplified."

"The progress of modern surgery is largely due to the fact that surgical art has been realizing the rich heritage made possible to it by surgery as a science."

"Out of the study of chemistry, came the revolutionizing principles of surgical anesthesia. Out of the study of the phenomena of putrefaction, has come the surgical principle of antisepsis."

"Medicine is under contribution from all the sciences. Who can tell what tendencies may not be practical? All truths harmonize."

" 'For a blade of grass to grow,' says Diderot, 'it is necessary for the whole of nature to co-operate.' "

"No other science than that of medicine was to be studied 'not even for recreation,' said the teacher [to a graduating class]. Joseph Lister did not graduate from this college. If he had done so, he would probably have been condemned for wasting his time in puerile and impractical investigations into the nature of putrefaction."

"The dreamer in science lives forever, though the toiler in art may die in a day.

"The blossoms of eternity he hid
  In the dim kindling buds of dreams that keep
A fluttering pulse within Time's broken sleep
  Dreams are not idle: dreams have saved the world.

"What presumption were it for art to call science impractical! It reminds one of the exclamation of Louis XIV, after the battle of Ramillies, 'God has forgotten all that I have done for Him.' "

"A vedantist philosopher—a learned Brahmin monk—asked what he considered the characteristic shortcoming of American civilization, gave expression to his opinion in the pertinent criticism, 'America has discovered no new principle.' "

"With ten thousand cunning devices for the mechanical application of steam, she may forget who first discovered its principles."

Someone—to be exact, myself—has paid tribute to the infinite capacity for organization among the American people. The discovery was made, however, by a son of the friendly Indian, Gar-ay-gar-yo (*See* Chapter II) that in the enumeration of organizations, then lacking, one, An Amalgamated Association to Promote the Art of Clipping Poodles, had been omitted. Certain societies held in the highest esteem—the patriotic—came in for cynical, flippant contumelious treatment once upon a time by Dr. F. W. Mann.

He declared he was about to organize a "Society of the Great-Great Grandsons of the Maiden Aunts that *fell* at Bunkerhill." This was quite gratuitous. Had such a society been in existence, he British-born, would have been ineligible. Neither hands nor feet across seas nor the higher specific gravity of blood than that of water could have compensated for the accident of ignoble birth. Notwithstanding what is elsewhere written in this history of a laudatory character concerning this individual, his name must be anathema to all backward-looking and ancestor-worshiping one hundred and fifty percenters.

Dr. Mann, being at that time, 1897, unmarried and in the supposition of his friends confirmed in bachelorhood—therefore prejudiced, unprejudiced, neutral, as you will—was obviously equipped to write upon the subject of "Marriage in its Relation to Preventive Medicine."[10]

Excerpts from the paper are of more than passing, indeed of much present, interest. He writes, "With an increase of governmental function has come a shallow and convulsive belief in the ability of the state to accomplish certain ends. Every one is busy laying down laws for his neighbor and not for himself. Our own industrious law makers have introduced three thousand bills into the legislature all designed to remedy our existing evil state. A passion for regulating consumes mankind and a tame submissiveness on the part of the regulated encourages it. The regeneration of society is to be accomplished by statutory enactment. The criminal and the insane must be deprived of propagative faculty. The marriage of the diseased must be prohibited. Society must be purged of its imperfections that it may proceed to its late but splendid efflorescence."

As to syphilis, he says, "The physician finds little difficulty in restraining syphilitic patients from marrying during contagious periods. The reasonableness of such a proceeding is perceived by the most ignorant. Will the safety of the community be best conserved by consolidating this individual responsibility or by transferring the onus of restraint to such an irresponsible oligarchy as a State Board of Health?"

Of cancer: "It is desirable to restrain the transmission of the cancerous cachexia. Cancer is a disease occuring comparatively late in life. What can the state do for the woman with cancer of the uterus or breast who is already the mother of eight children? What will the state do with the children? At least six, and probably the whole eight of them by ordinary probabilities, will escape the disease of the mother. Will the state intervene in their marriage relations?"

Of tuberculosis: "A conscientious tubercular will not marry any more than an unconscientious one can be prevented from so doing by the state. Nothing can be more barbarous than the cruel tendency to make of these unfortunates a leper class or to label every one dangerous who may be found to have a few sporadic tubercle bacilli in his bronchial tubes. The isolation method finds its parallel in the leper islands of Hawaii, a striking illustration of the futility of state control."

Of epilepsy: "The marriage of epileptics is a matter of grave importance but again it is a question what amount of state intervention is warranted. Epilepsy is as much a condition as a state. It is an incident in evolution, a nervous instability indicative of nature's excess of endeavor. Epilepsia gravior encroaches on the border line of insanity. An impairment of the will may render the victim of this graver form of the disease incapable of contracting. Those, however, who may be affected in a milder way may not make unworthy progenitors."

Of insanity: "The marriage of the insane is of course to be prohibited though not necessarily for pathological reasons. The insane might produce excellent children. The psychoses seems to impart brilliancy to the offspring. Marriage, however, is a contract necessitating mutual understanding of its nature to make it valid. The insane cannot marry because they are incapable of making contracts."

"Nature has her own laboratories of mitigated virus and she works therein silently and effectively."

"If we may infer the nature of immunity from our present knowledge of the process, it is not to be conferred by any careful system of inbreeding, which would produce men of kine-like excellence, with bovine hearts and low resistance power.

'Nature is made better by no mean;
  But nature makes that mean; over that art
Which you say adds to nature, is an art
  That nature makes.'"

"Is the state which has shown itself incapable of securing pure milk or unadulterated food to be intrusted when it invades the sanctity of private life with the guardianship of personal morals? Mankind does not learn morality by being told what they shall do. Probably the ten commandments are so universally disobeyed because most of them begin with 'Thou shalt not.' As a string of negative injunctions they lack positive direction. Moral ideas seldom over-ride material considerations. Men have learned to be honest not by being told 'Thou shalt not steal,' but through experience of the unhappy results of misappropriation.

"Much of this frantic and impracticable effort 'To mould things nearer to the heart's desire,' proceeds from a spirit of spurious benevolence which regards the community as of more value than the individual and the remote as of more import than the immediate. The thought devoted to making our neighbors eligible members of our community would yield better fruit were it directed to making ourselves better than they. The purpose of society is not to restrain ten men from becoming vicious, but to evolve one supremely virtuous. Love your neighbor as yourself if you can be so prodigal of your affections, but at least love yourself as well as your neighbor. Fortunately, our neighbors never love us as they love themselves; did they do so we should have to flee to the woods to avoid their sympathy and restrict their importunities.

"The state by interfering with the marriage relation encroaches upon the individuals' natural rights. There are only two natural inalienable rights with which a man born into the world is endowed; one, the right to struggle with his existence and have it if he can get it; the other, the right to select his own mate and hold her if he can keep her. It was for this primal right that the elk grew its horns and the flowers have been tinctured with the hues of heaven. Certain instincts are inextinguishable."

"In these days of political tinkering how true seem the words of Benjamin Franklin. 'Those who give up essential liberty for the sake of temporary safety deserve neither safety nor liberty.' "

As to "prejudice" then, of which no one escapes a smattering, it may be said of this author that he was afflicted by a modicum only, and this in the direction of advocacy of wide individual expression.

A memorial to one whom I knew as Robbie Pease (Dr. Robert H. Pease of Detroit) appears in the *Medical Age* (Vol 3, 1885, Page 252). It is signed by George Duffield, J. H. Carstens and Benjamin P. Brodie. To each of these devoted friends of his and mine, all now gone to another world, this resolution to his memory may also fittingly apply:

"Resolved: That we shall ever cherish his memory as that of a life fragrant with the odors of a kindly and genial friendship for all his associates, and adorned with all the virtues of a pure and unblemished life."

Dr. Thomas R. Buckham was born January 24, 1832. He graduated from Victoria College; practiced medicine in Brampton and Petrolia, Ontario, then (in 1868) moved to Flint. He died in Denver, Colorado, February 15, 1891.

His death was regarded a public bereavement. His personality was impressive. "Firm in his convictions and unflinching in his devotion to principle he was withal a man of genial nature and kindly disposition. . . . He was a ripe scholar, a clear and profound thinker and a physician who had during the later years of his life achieved marked distinction and fame in his profession at home and abroad."

He published in 1883 a book entitled, "Insanity in Its Medico-Legal Relations," reviewing which the Cyclopedia of Michigan is quoted as follows:

To his recent work, published by J. B. Lippincot and Company, he owes "more perhaps . . . his national, we might even say, cosmopolitan reputation. To this work he devoted about ten years of his life, first in making the deepest possible study of the subject from almost every standpoint. . . . It is perhaps only necessary to add that the work has received extended notice and high commendation of both legal and medical reviews and journals as well as of the general press and of the most eminent legal authority."

Dr. Buckham defined insanity as

"A diseased or disordered condition or malformation of the physical organs through which the mind receives impressions or manifests its operations by which the will and judgment are impaired and the conduct rendered irrational."

He was elected corresponding member of the Medico-Legal Society of New York and Fellow of the Society of Science, Letters and Art of London, England.

He was identified with the Presbyterian Church and Genesee Lodge No. 174 F. & A. M., Flint.[9]

His son, James N. Buckham, was a physician of fine type who practiced his profession in Flint successfully for many years. He excelled especially in the care of fractures. The writer can make this statement with complete assurance from personal experience. The clavicle was in question. Changing the dressings was accomplished through his holding the coapted ends together in his strong right hand. A feeling of perfect confidence was inspired in the patient by the vice-like and determined grip that never for one second was relaxed, though the perspiration poured from his face. The result was perfect—no shortening, no callosity, no irregularity, no deformity. At this date it is memory alone which permits identification of the sometime broken bone.

He was interested in dramatic activities and in the civic life of the community; was a dependable and valuable member of the Shakespeare Club.

He met the end of life with stoic and noteworthy fortitude. Aware of the existence of cancer of the intestines he insisted upon surgery though advised by the operator against such procedure. When he inferred the extent of involvement from conversation and the rapidity of passage of food through the much abbreviated alimentary canal, he resigned himself to his fate and never thereafter questioned or complained.

Writes Dr. John Boice of Detroit in 1884, "Having had such success with sublimate drainage for the past two years, a report of four or five consecutive amputations, during the hottest part of last summer may be of interest."[7] Follows the report of cases all of which were successful.

Dr. Boice was surgeon to St. Mary's Hospital, of which Dr. McGraw was surgeon-in-chief; was a partner of, or at least had office with, Dr. McGraw. He was a competent practitioner and an amiable friend; was much esteemed by the "younger" men of the period to which class the present reviewer at the time pertained. He moved to Denver from Detroit.

Much of the early success of Oak Grove Hospital, Flint, was due to the untiring and intelligent activity of the assistant medical director, Dr. H. R. Niles. As a result of influenza and the exacting duties of the position, his health broke and he was compelled to resign. He became steward of the Michigan School for the Deaf and was there successful, but in the end sought health in California.

He was one of the most conscientious, devoted and admirable of men, and his personal relations with the one who pays this tribute have been cordial, constant and dependable.

Praise and gratitude are due also to Dr. F. B. Miner of Flint, who was for many years assistant physician in Oak Grove. He resigned and entered private practice, eventually specializing in pediatrics, and with marked ability and usefulness. He enlisted in the World War and was a good soldier. To him, then president of the Genesee County Medical Society, is due largely the success of the State Society meeting in Flint in 1922.

"What would you expect of Fred Miner?" was the inquiry of a confrère when told of his devotion to the writer during a painful surgical experience.

It may be left at that. Higher praise is impossible.

Dr. George K. Pratt's appointment at Oak Grove was the result of knowledge obtained as member of the Board of Registration in Medicine—correspondence with the secretary as to the identity of Number ? whose examination paper was difficult of discounting. He rapidly developed a taste for psychiatry and when the World War broke, enlisted in that service.

His record was excellent and there grew out of it an invitation to official position in the Massachusetts Mental Hygiene Association and later to that of assistant medical director of the National Committee for Mental Hygiene, New York. His life has been busy both in this and in literary lines. He has written "Mental Hygiene Concepts in Social Life," and many other monographs, has contributed to current lay and medical publications; has lectured in Eastern colleges and organized mental hygiene clinics in many parts of the United States. He has been for several years chairman of the Publicity Committee of the American Psychiatric Association.

Dr. Herbert H. Hills was the owner of the first perfected (?) automobile put out by the Buick Motor Company. He was vastly interested in its mechanism and in its accomplishment, and this, although he possessed medical ability of no mean order and was popular among the patients and staff at Oak Grove, was his psychiatric undoing. He entered the Packard Motor Company, acquired high position therein and could eventually retire therefrom without a pension.

Dr. P. M. Crawford of Illinois was a graduate of a college not "recognized" by the powers that then were, and was handicapped thereby, although he had made the very best of student opportunities. A licentiate in Illinois, 98 per cent standing, he could not qualify for examination before the Board of Registration in Michigan, of which the writer was then a member. Whipping the devil around the stump, when but plain common sense was necessary, secured registration in Michigan and he came to Oak Grove as assistant. His capacity for work and all 'round capability were remarkable. The World War took him away. He passed the rigid examination for entrance to the Regular Army Medical Service, was one of a minority who met the requirements of the Army Medical School; became major eventually and served overseas.

Dr. James L. Elliott, sometime assistant at Oak Grove, was also among those early enlisting in the World War. He has practiced successfully in Battle Creek for many years.

Likewise, Dr. Samuel Butler, a former assistant, promptly enlisted. The army drill of pack-carrying, hiking and other physical activities but vaguely related to medical service, undermined his health. However, recovery came eventually and he is at the present writing (1929) an assistant physician at the Pontiac State Hospital.

Dr. H. E. Clarke, assistant medical director of Oak Grove, was loyal to the hospital to its last gasp in 1920. Accomplished, courtly in manner, as becomes a Virginian, a graceful and prize-winning golfer, he was popular with patients and a favorite in society. Pomologist and horticulturist, he retired to an apple plantation in Virginia at the closing of Oak Grove.

The best that can be said of the witty and wise Dr. C. B. Macartney, a Canadian by birth, is that he was universally liked by patients and employees, and that for one of the latter he dressed a septic surgical wound which involved the bowel every two hours, day after day, night after night for weeks. He would trust no one else. Recovery followed of course. He is now in the drug business at Thorold, Ontario.

Dr. Henry L. Trenkle, long an assistant physician in Oak Grove, was a good surgeon as well, and naturally found opportunity from time to time to demonstrate his skill. He was kindly and thoughtful; has been for many years superintendent of a private psychopathic hospital in the East.

Dr. Clifford P. Clark, who had been for several years assistant physician in Oak Grove and a useful and esteemed associate, resigned the position to enter general practice. He enlisted in the World War, as did nearly all my former assistants—an organic heart difficulty incapacitated Dr. Homer Clarke—and served faithfully. Thereafter he resumed practice in Flint.

Dr. Seger was a useful assistant, particularly in the line of bacteriology, and was much respected by the patients and staff of Oak Grove. Essentially a student, he resigned to resume work to which he had been previously devoted.

VICTOR C. VAUGHAN, M.D., LL.D.—AN APPRECIATION†

Accepting the definition of genius as "remarkable aptitude for some special pursuit," a painstaking biographer would find himself at once and irreconcilably at variance with Dr. Vaughan's estimate of his own qualities. He writes in "A Doctor's Memories":[1]

"I am not a Chinaman and do not practice ancestor-worship, but I do respect my forebears and acknowledge my indebtedness to them. They have transmitted to me no spark of genius. I am not aware that any of them ever possessed such a gift be it in form of a blessing or a curse . . ."

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†Reprinted from the *Journal of the Michigan State Medical Society,* January, 1930.

His descent in the maternal line was from French Huguenots, who came to this country in 1699, settled at first on James River, eventually dispersed through Virginia and North Carolina. His family so far as he could ascertain "bred constantly plain people, honest according to the standards of its several generations and rebellious to dictation from others in religion, morals and politics."

Ample confirmation of the final sentence in the above quotation from the "Memories" is furnished by an episode in his career at the University of Michigan. While the matter of promotion was pending in the Board of Regents, the charge of atheism was introduced. To Dean Palmer, who in agitation revealed this and suggested the importance of denial, he said, "Tell the Board that I decline to make confession of faith to them. The position concerns the teaching of science and has no relation to religious belief."

And resistance to coercion was natural and ingrained. An ancestor fought in the Revolution, a relative had part in the Black Hawk War, another was surgeon in the Confederate army and his father served for a time in the United States Army.

Dr. Hubert Work, president in 1920, of the American Medical Association, is quoted as saying, "You all know that Dr. Vaughan is already known as the greatest man in American medicine in Michigan, and a great many of us believe he is the greatest man in American medicine today." Obviously appraisal of the values of such a life must be a composite product and can from no particular pen, however facile, appear even measurably just and complete. Much less may an estimate from the present writer, all too ill equipped for the service, fulfill requirements and be satisfying. The opportunity is welcomed, however, to pay tribute to this extraordinary man, my friend. I admired him and to employ a good old-fashioned word *liked* him. Every confidence or suggestion he ever gave me was prized and for many, many years I felt definitely at home in his company.

My memories of Dr. Vaughan hark 'way back to the winter of '76 and '77, when, young, verdant and inadequately prepared, I became a student in the medical department of the University of Michigan. He was also young —five years my senior, but he had a cultural and pedagogic background. In passing, it may be mentioned that nothing whatever of this was displayed in his attitude toward students. Indeed, his sympathetic understanding and considerateness related him perhaps more closely with them than with the teaching staff of the department, all older and highly worthy men who had arrived. However, he was at that time definitely on his own way to distinction.

Coming from Mount Pleasant College, Missouri, where he was graduated in 1872, and taught Latin and chemistry until 1876, lured by Douglas and Prescott's "Qualitative Analysis," which decided in his mind the long debated question whether to choose the classics or science for his life work, he came to the University of Michigan for post-graduate study. There he acquired in 1875 the degree of M.S., in the following year that of Ph.D. and in 1900 an LL.D.

He entered the medical school in 1876 and was graduated two years later. Before matriculation therein he had acted as voluntary and temporary demonstrator in the dissecting room. His appointment as instructor in physiological chemistry followed the enforced retirement of Professors Douglas and Rose, which came about through careless business methods and was, he declares, "a regrettable and sorrowful affair."

In his first appearance before the medical student body he tactfully avoided any subject in chemistry and spoke on "The Structure and Function of the Kidney." Potentially hostile partisans on both sides of the controversy were placated and all went out singing, "He's a Jolly Good Fellow." Commenting upon this in "Memories" he writes: "During the forty-five years that I continued to lecture to medical students not one has ever shown me the slightest disrespect in classroom or elsewhere."

During my brief student days in the university he was instructor in the chemical laboratory over which presided the distinguished Dr. A. B. Prescott who, "with a benignant smile and a genial voice answered the student's queries both the wise and the unwise." What Dr. Vaughan thus writes was equally true of his own painstaking and patient efforts—greatly appreciated by students. There was, naturally, nothing which savored of intimacy between himself and them but a cordiality existed in their relationship. My own acquaintance with him, of course quite casual at the time, ripened eventually into enduring friendship and is treasured as a choice possession.

I never suspected until encountering the story in "A Doctor's Memories" that his early education had been all 'round of such a liberal character. That he was gifted as a teacher all having acquaintance with his methods can testify and it is plain that familiarity with the classics lent much to the well chosen diction present in both his verbal and written productions.

It was the theory of President Terrill, the "greatest educator [he] ever knew," of Mount Pleasant College, where Dr. Vaughan became the "Alpha and Omega of the advanced class in Latin," that no one "knows anything until he can state it in writing."

To Dean West of Princeton, Dr. Vaughan said, "Although my adult life has been given to the sciences, I wish to testify that the first author to stimulate the pyramidal cells of my cerebral cortex was old Virgil and even now in my old age, there is only one book which I prefer to Virgil and that is Dryden's translation which I read with less effort."[1] Of Professor Frieze he writes that to be with him "was to receive lessons in grace and courtesy. He was my ideal of a learned man. I could not make of him a Trojan hero: not even an Æneas: he was Virgil himself."[1]

Concerning his old home in Missouri, "colored by the imagination of Walter Scott, the stately lines of Virgil and the eloquence and wisdom of the great pagan, Cicero," he is no less than poetic. Of the vicissitudes of childhood when during the Civil War brother was arrayed against brother, and where he learned to love peace so dearly that a willingness to fight for it developed, he writes thrillingly but without bitterness:

"Whatever I may intend to say," he declares, "when I am to make a speech, when I actually begin to talk, I always give expressions to my convictions." "God pity the country," he exclaimed, "in mental frenzy," at a mass meeting where there was considered a call to arms for the Spanish-American War—"whose tramps must fight its battles." This speech Dr. Vaughan humorously writes, brought about a commission from Governor Pingree. "Some enlist because they like the soldier's life, some for patriotic reasons, but I received my commission because I talked too much."

No manner of doubt exists in the minds of those who knew him well that he spoke from conviction. His language was plain and forceful. At a meeting of the State Medical Society in 1883, he said, "I have attended several meetings . . . but never before have I known the Committee on Admissions to wait so long before reporting. There is an apparent intention at least to choke off those who have come here to join this Society." During a symposium in the same Society in 1894 he inquired—I can hear his voice—"whether there were any bacilli in those guinea pigs, anywhere in those guinea pigs when they died of tuberculosis." The one interrogated could not reply "off hand." He (Vaughan) thought the logic employed in the discussion was bad; that "the only possibility of controlling the spread of consumption consists in the destruction of the bacillus."

Those who have been perplexed and irritated by the frequent neologisms purveyed in medical nomenclature are entitled to a chuckle over his pronouncement, "The coining of new words is sometimes mistaken for progress in science." His "Memories" are shot through with practical humanistic philosophy.

From early years at the University the Vaughan home was an open house for students. During forty-five years of teaching no graduate of the medical school "escaped" an invitation there. His disciplinary measures toward the careless and intemperate consisted at first in a warning which betrayed acquaintance, chapter and verse, with the student's shortcomings. He was accustomed in classes to emphasize the danger to others through impure contacts. His "As an individual you are of no importance anyhow, risk getting venereal disease if you must," was apt to be efficacious with the lustful.

His rise was rapid. In 1887 he became dean of the medical faculty. Among his choice "Memories" are appreciations of his sometime colleagues.

Dr. Ford "knew anatomy, both human and comparative. He lived it and taught it in a way that held the individual attention of every student—he awakened a love for it in his hearers."

Alonzo B. Palmer was "a great teacher of internal medicine."

George E. Frothingham "was my preceptor and I cannot speak of him without love and reverence."

"Maclean was a most fascinating man. I do not think that any teacher in the University within my time was so greatly admired by the students as he."

Of. Dr. Charles B. de Nancrede he writes, "I cannot overestimate the service rendered to the University by this man."

Of Dr. Darling, Dr. de Nancrede's successor, he "honored his chief and himself in a splendid way."

And of a venerable friend, "I left the cottage bearing in the memory chamber of my brain a portrait of a saint such as no old master ever painted."

When he resigned from the University, a newspaper reporter asked for a list of his discoveries. He was told that there were many important ones and gave among others the names of Drs. Novy, Huber, Warthin, Edmunds and Weller.

Among my pleasantest memories are those of a visit to us in Flint with his charming wife and three sons, all later to be distinguished in medicine. The family was on the way to northern Michigan, where, apart from the carks and cares of teaching, of court duties and medical practice, he was accustomed to spend the summer months. Another choice recollection is of a reception at Oak Grove to Dr. Sawyer, president of the State Medical Society. Witty, versatile in story telling, he was at his best on this occasion and those who were privileged to remain late will not forget his contribution to the entertainment of the company, one of whom in sheer hysterical glee slipped from a chair to the floor.

Neither can I forget an afternoon's drive to which he invited me about Washington. Its history, its topography, its monuments were completely familiar to him. This was during the late war. What a fine soldier he was. How much the country is in his debt for meritorious service during this and the earlier embroilment of 1898.

His thrilling experience under fire in the battle of Santiago, his contention with yellow fever, to which disease he himself eventually succumbed, the beneficent and far-reaching results in conservation of soldier life, attained by the Typhoid Fever Commission in which he had membership, his record in the World War, his contribution to bacteriology, chemistry, general medicine and sanitary science need not here be detailed. Discussion of them would be supererogatory as well as necessarily fragmentary. Verily, just is the caption of a biographic sketch in the *Detroit Saturday Night*—"Dr. Vaughan, a Medical Pioneer."

He regretted the expansion of once fascinating cities like Detroit and Cleveland, which he would now "drive miles to avoid penetrating."

He "never read a lecture and seldom used notes," preferring to study the faces before him.

In "A Doctor's Memories"[1] he avers:

"My life has been determined by heredity and environment. These are the factors that have molded my being, given direction to its development, marked out the course of its growth and set bounds to its activities. Had either been different from what it was, better or worse, I would have been different from what I have been and from what I am."

In the same year I wrote as follows: "If one had his life to live over, it would be an exact replica of the past—his reactions to his environment would be identical. If environment or reaction differed in any particular it would not be 'his life.' "

My last communication from him was dated at Washington, April 27, 1927, and reads:

> My Dear Old Friend:
>
> I have just read your letter and your aphorisms: the former I greatly appreciate, and the latter I endorse *in toto*. Although I am now in hospital, I am hoping sometime in the near future to meet you in the flesh, when we will go over our common experiences.
>
> With love,
>
> Yours truly,
>
> VICTOR C. VAUGHAN.

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Chapter XII

Medical Journalism

"Let your light so shine before men . . ."

"As to the superior virtues of either colleges, journals or practitioners we have many doubts."

—LEARTUS CONNOR.
Michigan's dean of
the journalistic craft.

"Falsifier and Slanderer." "Unscrupulous mendacity." "Asinine stupidity."

Dr. J. J. Mulheron implies that the above expressions from a contemporary can scarcely be construed as a "panegyric."

CHAPTER XII

Medical Journalism

By Walter H. Sawyer, M.D., Hillsdale, Michigan

THE earliest publication on Medicine in Michigan was *The Michigan Journal of Homeopathy,* published at Detroit, November 11, 1848, by Dr. John Ellis and Dr. A. B. Thayer. The journal continued to June, 1854, most of the time being issued monthly.

Numbers 8 and 9, Volume II, were called *Michigan Homeopathic Journal.* In March, 1852, Volume II, Dr. John J. Hewitt's name was added as editor, and continued to July of the same year.

After July, 1852, the next number was edited in November, 1852, when Hewitt dropped out. From November, 1852, the journal was published once in two months. But two editions were put out in 1849, and three in 1852.

The enterprise, earnestness and activitity of the homeopathic profession in those early days is evidenced by this publication. The motto of the journal was: "In certainty, unity; in doubt, liberty; in all things, charity." In the first editorial, the journal stated: "Believing that the truths of Homeopathy and the advantages resulting from their adoption are so manifest that they can be comprehended by an intelligent people, and believing that this community possesses the requisite intelligence, we have established this Journal for the purpose of proclaiming these truths, and likewise spreading light and knowledge on medical subjects generally. We call upon all who think for themselves and desire to obtain light upon medical subjects to aid us in our endeavors to sustain this Journal."

The faculty of the Detroit Homeopathic College published the *Michigan Journal of Homeopathy,* quarterly, from July, 1872, at $.25 per year. In October, 1872, it was edited and published by Dr. E. R. Ellis, No. 3 Gratiot Street, Detroit, and the price was $.50 a year, payable in advance.

Dr. Ellis modestly says in the first journal which he publishes: "We are opposed to all rings and monopolies and hence shall do all we reasonably can to advance the interests of the lay as well as professional readers, and we believe we can make the Journal more valuable and interesting for its size and price than any other medical publication in this country. We desire those to whom this number is sent to remit the subscription price or return the number after perusing it carefully."

The regular profession felt the need of a medium of expression and in 1853 espoused the cause and interests of a medical publication which came into being under the name of *The Peninsular Journal of Medicine and The*

Collateral Sciences. This journal was edited by Dr. Edmund Andrews, monthly, from July, 1853 to March, 1858. It was published at Ann Arbor from 1853 to 1855, and in Detroit from 1856 to 1858. In Volume II the name of Dr. A. B. Palmer appears as editor. With the publication of Volume III, Dr. Andrews dropped out and Dr. Z. Pitcher, then emeritus professor of obstetrics and institutes of medicine at the University of Michigan, Dr. W. Brodie, and Dr. E. P. Christian were added to the editorial staff. Number 9, Volume V, was the last one published.

In April, 1858, *The Peninsular Journal of Medicine and The Collateral Sciences* united with the *Medical Independent and Monthly Review of Medicine and Surgery* and was known as the *Peninsular and Independent Medical Journal,* a publication devoted to medicine, surgery, and pharmacy. The editors were Dr. A. B. Palmer, professor of materia medica, therapeutics, and diseases of women and children, at the University of Michigan; Dr. Moses Gunn, professor of surgery in the medical department at the University, and Frederick Stearns, pharmaceutist. Volumes I and II, April, 1858, to March, 1860, were published at Detroit.

Edmund Andrews, M.D., editor, was secretary of the Michigan State Medical Society for three years, until he moved to Chicago. He was demonstrator of anatomy in the medical school, and instructor in comparative anatomy. He was a man of exceptional ability, clear in thought, clean in life, "a marked man among kings."

The *Peninsular* papers covered a wide range of topics; especially rich were they in observations upon meteorology, and health of the several localities, topics now covered by Health and Sanitary Boards. The journal organized movements which finally resulted in the proper care of the insane in institutions under and conducted by the state instead of by counties; movements for the proper registration of deaths, births, and marriages; for state and local health boards; and an anatomical law so that an inquiring medical student might study anatomy without running the risk of being mulcted of $2,000, or spending two years in a cell with a midnight assassin.

Though this journal had a wide circulation, even outside of the state, and an encouraging prospect of a successful career, it suffered from the competition of the rival *Medical Independent and Monthly Review of Medicine and Surgery,* and in 1858 combined with it. Its final demise, in spite of its hopeful outlook, was discouraging to the originators and supporters, who had in the beginning declared their good intentions and objects in an editorial by Dr. Palmer, in the July issue, 1856, as follows:

"We shall early reject all exclusive councillors and guides, both 'Old Fogyism' and 'Young Americanism' in medicine. While consulting 'Old Physic' for his facts and experience, and cheering 'Young Physic' for his exploitations, his enterprise and his zeal, we shall endeavor to follow that spirit which combines the experience of the past with the novelties of the present and arrives at conclusions in view of both. We shall seek for truths from all sources, regarding the newer the more interesting, the older the best established, and those most important which shall offer the greatest good to suffering humanity.

"Charlatanism and empiricism we shall denounce and rebuke wherever found—whether in high or low places—while within our sphere, truth and right, as we understand them, shall ever be sustained.

"We shall continue to labor, and we hope with increased consistency and effectiveness of effort, for the organization of the profession upon a comprehensive and efficiently useful basis, and for its great elevation and the preservation of its honor. To this end we shall continue to advocate reform in medical education, a higher standard of preliminary requirements, and a more thorough course of training in the schools, and the cultivation among medical men generally of a taste for a high order of medical standards. These are objects we have deeply at heart and which we shall not cease to pursue."

The *Peninsular Journal* was fortunate in the character and distinction of its editors. They were always interested in a cause which they espoused with the courage and aggressiveness of Spartan warriors. They seemingly were happiest in a fight. This had an effect upon the editorial pages of the Journal, which were most often devoted to discussion and to some controversial question of general policy rather than the science and art of medicine.

It is said of Dr. Palmer, who was later professor of pathology, practice, medicine, and hygiene, in the University medical department, that he had a distinguished appearance, was always immaculately dressed, and in the delivery of his lectures had a very earnest manner and seemed especially well versed in practice and pathology. There was always an annual, friendly tilt during the course of their lectures between Drs. Palmer and Gunn over Dr. Gunn's definition of pus, which Dr. Gunn defined as "dead blastema," and which Dr. Palmer would severely criticise and offer in its stead a definition of his own which was so diffuse that it was lost on most of his students.

Dr. Moses Gunn was a gifted man and most excellent teacher. He was a skillful operator and used the knife with a dexterity little short of a juggler. He was, furthermore, an ambidexter, and was never happier than when performing the most difficult and complicated operation. In the lecture amphitheatre he sometimes appeared a little pompous and autocratic, but socially he was one of the most agreeable gentlemen one could meet. He always spoke to the point.

In 1856, Dr. Henry Goadby offered to the *Peninsular Journal* a number of papers on "Links Connecting the Animal and Vegetable Kingdoms." The publishers declined his proposition. This resulted in the publication of the *Medical Independent and Monthly Review of Medicine and Surgery,* a journal which, as its editors said, was "to be the organ, not of a school or faction, but of the profession as a unit," and was edited by Drs. Henry Goadby, Edward Kane, and L. G. Robertson at Detroit, Volumes I to III, March, 1856 to February, 1858.

Also, in 1856, the *Peninsular Journal of Medicine and Collateral Sciences,* and the *Medical Independent and Monthly Review of Medicine and Surgery* began to publish attacks and replies, especially bitter attacks by Dr. Pitcher on Dr. D. H. Storer. Dr. Storer was charged with having permitted an associate in his office to lend his name and support to an irregular practice.

It was at this time that the two journals combined as the *Peninsular and Medical Journal.* The "foreword" of this new publication said: "The Peninsular and Independent's object is not to advocate or advance any specific measure or particular course of medical policy respecting which there are any differences of opinion against the legitimate and recognized members of the profession; neither is it the object to advance the interests of any particular party, clique, or set of men at the expense of any other set of men whatever. This Journal is not to be the organ of any particular portion of the profession—of any sect or any school."

By an agreement made between the editors, it was specified that in the production of their own pens and in the contributions and selections, they would guard with vigorousness against the indulgence of any personal feelings or practices; that they would guard against the revival of past controversies connected with the history of former journals, or any of the persons or parties connected in any manner with them; that all improper personalities should be excluded and especially all subjects tending to the production of personalities or the engendering of feeling inconsistent with the proper peace and harmony of the profession, and in every way due courtesy and forbearance should be exercised toward all.

In spite of these peaceful declarations, a most acrid and heated controversy was waged in the editorial pages of this publication over the establishment of the institution of the teaching of homeopathy at the University and the removal of the medical department to Detroit. In nearly every issue these questions were discussed and with great earnestness and emphasis.

Personal ambition and economic thrift urged the establishment of a medical school in Michigan's commercial metropolis. After the example of the founders of the University medical school, the promoters of the enterprise began with a medical journal, the *Detroit Review of Medicine and Pharmacy.* Then followed, the same summer, the establishment of the Michigan Medical Society, and lastly, in 1868, the Detroit Medical College.

Volume I, Number 1, of *The Peninsular Journal of Medicine* starts out (July, 1853) with a review of "Physiology of Table Tipping" by E. Andrews, demonstrator of anatomy in the University of Michigan and editor of the Journal.

His "conclusion" would stand today as a wise expression "that the claim of 'spirituality' for the 'manifestations' is an unmitigated humbug and we are willing to test it with any decent medium that dare try it." This statement is at extreme variance with that of Rev. Charles Beecher of New Jersey who "at the request of an ecclesiastical council has written a small work on this subject, in which he takes the ground that the 'manifestations' are actually the work of evil spirits."[10]

One reason Dr. Andrews gives for reviewing the work is "because many physicians who may not see the work itself, will, nevertheless, have to combat the influence of his name, this clergyman of mighty name, this Beecher." Another is because it is a fine sample of the pranks cut up by the nervous system, which "no longer content to delude hysterical girls, and superstitious old men and women, has in these last days bestrode the pulpit."

"These last days" recalls the expression of a very much demented patient who invariably closed letters to his wife, "This is the last at present." Pulpits are still bestridden and the valiant efforts of physicians to lighten the darkness have gone unrewarded. For "last days" (1853) read "last days 1928."

There are sundry crude sketches of pessaries, splints, and so on running through the numbers of *The Peninsular Journal of Medicine* and its successor *The Peninsular and Independent Journal of Medicine.*

There are crude drawings illustrating amputations *in utero* in an article by Dr. Pitcher, *Peninsular Journal of Medicine,* Volume III, Page 115, 1855. A photograph illustrating the results of a hip joint amputation made by Dr. T. A. McGraw is shown, in a paper read before the State Medical Society in 1872, reported in *Detroit Review of Medicine and Pharmacy,* Volume VII, Page 466. In Volume VIII of the succeeding year in an article by the same author is shown an "illustration of Colles' operation for hare-lip."

And editorially the number of the *Review* promises (after giving a list of articles accepted, one of them from Dr. David Inglis of Berlin, Germany) that "some of these will be illustrated by engravings."

The *Detroit Review of Medicine and Pharmacy* was edited by Drs. George P. Andrews, Samuel Duffield, and Edward Jenks, monthly. Volume I ended in December, 1866; and Volume II, published from January to December, 1867, was edited by Drs. George P. Andrews, Edward Jenks, and T. A. McGraw. In Volume III, the name of Dr. H. O. Walker was added; Volume V was edited by Drs. George P. Andrews and A. B. Lyons; Volume VI, by Drs. Andrews and W. H. Lathrop; Volume VII, by Drs. Andrews and Leartus Connor; Volume VIII, by Drs. Connor and Lyons. For some six years Dr. Connor was both editor and publisher. After December, 1876, the *Detroit Review* united with the *Peninsular,* forming the *Detroit Medical Journal.*

Naturally, the medical department of the University exerted itself to retain and increase its hold upon the profession, and so its friends took active part in the Medical Society. To offset the *Review of Medicine,* the *University Medical Journal* came into life in March, 1870, and its last publication was dated February, 1873. Through these journals and other agencies, friendly contests waged in and about the Michigan Medical Society, making it a lively affair, till, by the process of elimination, both were fully occupied in other directions, when both the *Detroit Review of Medicine and Pharmacy* and the

Michigan University Medical Journal disappeared as in any sense exponents of the separate medical schools. All parties had need of the Michigan Medical Society, hence its increase in size and influence.

Later, the *Peninsular Journal* was revived as the successor of the *University Medical Journal,* and though it struggled bravely for years against its fate, the suspicion that it was resurrected to carry out the ideas of its predecessor, caused its failure.

"In March, 1870, the *Michigan University Medical Journal* was issued. It was edited by the Faculty and presented a very creditable appearance, not only in its 'get up' but also in its editorial capacity; but even these could not save it. Three volumes were issued and the publication ceased."[9]

The union of the *Peninsular Journal* and the *Detroit Review of Medicine and Pharmacy* to form the *Detroit Medical Journal* was consummated with great promise, but soon it was found that a certain portion of the profession who had read the past to no avail, maneuvered to secure control, and on New Year's Day, 1878, this journal died from a combination of causes, financial and otherwise. Among the causes of failure was the character of the journals themselves in so far as they emulated the make-up of their metropolitan colleagues. The articles were too long and in many cases based upon insufficient data. The reports of cases and society meetings were not reliable from the fact that, although the operations may have been, surgically speaking, successful, the results, if unfavorable, did not come to light in succeeding reports. Also, nearly all members of the profession took some journal from one of the larger cities—New York, Boston, Chicago, or Louisville.

The *Detroit Medical Journal* was published under the auspices of the Detroit Medical and Library Association, and was edited for the association by Drs. Leartus Connor, John J. Mulheron, et al., monthly, at Detroit, and at one time late in its life, Dr. J. H. Dempster was sole editor.

In January, 1921, it was merged with *The Medical Life,* a New York publication, and was replaced in the *Detroit Lancet* and the *Michigan Medical News.*

The *Detroit Lancet,* "a monthly exponent of rational methods," was edited by Drs. H. A. Cleland and Leartus Connor, of Detroit. This was really a new series of *Detroit Review of Medicine and Pharmacy,* with Volumes I to IX, from January, 1878, to December, 1885; Volume II being complete in six numbers, January to June, 1879. Volume II, *et seq.,* had Dr. Connor as sole editor. Volume IX was complete in six numbers, July to December, 1885. In 1886 the journal was continued as *The American Lancet,* which was also edited by Dr. Leartus Connor, and was called a "monthly exponent of rational medicine." It, too, was published at Detroit, Volumes X to XIX, 1886 to 1895, by Mr. George S. Davis.

Dr. Leartus Connor was for many years editor of medical magazines. He was an influential factor in promoting the general welfare of the public and the profession. He early advocated the publishing of a journal by the

State Medical Society, and it was largely through his efforts and persistent appeal that this was brought about.

The following are excerpts from the final issue of *The American Lancet* by both the editor and the publisher.

Dr. Connor says:

> "With this issue the writer's editorial work on *The American Lancet* ends. For a long time it has seriously interfered with his private practice, and would have been laid aside but for its fascination.
>
> "For twenty-three years and eleven months (1871-1895) the writer has prepared material for a monthly journal, without any omission or delay. He began with *The Detroit Review of Medicine and Pharmacy,* of which he was both editor and publisher for some six years. This experience proved that he could edit and publish a medical journal at a yearly financial profit, but it also proved that this labor seriously interfered with private practice. E. B. Smith and Company then became publishers and the name was changed to *The Detroit Medical Journal;* a later change made it *The Detroit Lancet.* After a brief interval the journal was purchased by Mr. George S. Davis, who has continued to publish it till the present. The liberality with which he has performed his part of the work merits the cordial good will of contributors, subscribers, and the profession en masse.
>
> "In relinquishing editorial work the writer desires to thank all who have in any manner coöperated with him during the past quarter of a century; viz., the fraternity of medical editors in the United States, Mexico, South America, Australia, India, Great Britain, Germany, France; the contributors of papers, lectures, society reports, letters, book notices, and the publishers, who have always supported all efforts to promote the real interests of the medical profession.
>
> "The kindly courtesy always received at the hands of brother editors will continue a delightful memory, as it has ever been an inspiring experience.
>
> "*The American Lancet* has done what it could to promote the advancement of the profession along the highest lines coincidently with the marvelous changes in and out of the profession of medicine during the past twenty-four years. It has encouraged young men to acquire the art of writing, and old men to continue in the practice of this art, to the end that more facts and experiences of value might be placed upon the written record of the profession. It has encouraged medical society work and sought to multiply medical society workers. It has never neglected to encourage every effort for sound medical education along such lines as experience has shown to be the wisest. To repress the false and develop the true in all directions of the science and art of medicine and among the medical workers, has been its constant aim.
>
> "With feelings of regret in parting with such congenial companions and such noble work, the writer lays aside the editorial pen of *The American Lancet.*"

Leartus Connor, consulting ophthalmologist to the Women's Hospital and Harper Hospital and ophthalmic and aural surgeon to the Children's Hospital, Detroit, descended on both sides from Revolutionary ancestry, was born in Coldenham, New York, January 29, 1843; received the B.A. degree at Williams in 1865, and M.A. three years later; was graduated in 1870 from the medical department of Columbia University, New York.

He was lecturer on chemistry in the Detroit Medical College, 1871-1872, and professor of physiology and clinical medicine during the next seven years. From 1878 to 1881 he occupied the chair of didactic and clinical ophthalmology and otology and from 1878 devoted himself exclusively to these branches.[12]

He was president in 1902 and for several years councilor of the State Medical Society. (*See chapters on* Medical Education, State Medical Society, and Diagnostic Aids.)

His death occurred in 1911.

A notable contribution to what is here and there heard over the world, in pulpit and platform oratory, and in appeals to intelligent "gentlemen of the jury" is contained in an editorial by Dr. Leartus Connor in 1879 on "Medical Enterprises Financially Considered:" "As to the superior virtues of either colleges, journals or practitioners we have many doubts. As far as money goes, all are of one mind, and it is scarcely appropriate for one to berate the other for its inordinate love of gain."[2]

Mental worry is mentioned as a cause of glaucoma in a paper by Dr. Connor, who writes (1881): "There are, however, still a thousand unanswered questions pertaining to this strange affection. Its causation, its pathology, are full of grave difficulties."[2] The case recorded is suggestive and startling. It followed concern and alarm on the part of the father, over a serious gun cap injury to the eye of his son.

Dr. Lundy found eserine valuable in glaucoma, but Dr. Connor maintained that in the experience of oculists it was "utterly unreliable to stop the progress of this disease."[2]

Dr. Connor wrote often of the work of the American Medical College Association in which he was deeply interested, and in a single number of *The Detroit Lancet* there are lengthy editorial expressions presumably from his prolific pen on the above subject, on "Clinical Instruction," "Prescribing Pharmacists," "Medical Legislation" and "Color Blindness Mania." As to the latter the title indicates that he was not in sympathy with the existing "furor over color blindness."

There were numbered among contributors to the *Lancet* such well-known names as Alonzo Clark, Delafield, Draper, Otis, Flint and Jacobi, of New York; Pepper of Philadelphia, and Chadwick of Boston.

In "General Remarks" concerning the thirty-first meeting of the American Medical Association in 1880, Dr. Connor was "struck with the disorder prevailing in the general meetings and in the sections," and wrote: "Of the quality of the papers presented, it was on the whole far below that presented at the average medical society."[2]

Dr. Henry A. Cleland, an accomplished physician and one of the editors, wrote in 1878: "A broad, liberal, expansive and independent journal is our aim, devoted to the interests of rational medicine." He looks for "the support and appreciation our enterprise merits." This was accorded and in view of "the liberal terms our publishers hold out to us," he writes, "the fault will be ours if we fail to make the *Detroit Lancet* one of the best journals in the West."[2]

Dr. Cleland very rightly recommends "the field as a fruitful one to boards of health and societies for prevention of cruelty to animals" after editorially reviewing the system in vogue in an abattoir in Chicago where "we kill mostly Texas cattle," and "while skinning an animal I [the workman] was cut; the *brute kicked* and drove the knife into my hand. Yes, sir, *it is quite a common thing to begin to skin these beeves before they are dead*, we are so much hurried with work."[2]

This was in 1878 and what might be in terms of speed, designated as "going strong." Twentieth century "go-getting" must step lively.

Dr. Herman P. Von Petershausen made translations from German medical journals for *The Lancet.* In general the abstracts from exchanges published in this journal were selected with fine discrimination. Among its collaborators were numbered Drs. Judson Bradley, Albert B. Lyons and E. A. Chapoton.

"The Passing of *The Lancet,*" by George S. Davis:

> "In announcing Dr. Connor's relinquishment of editorial duty, and the consequent discontinuance of *The American Lancet,* the publisher would be violating an obligation were he to leave unmentioned the ability, the zeal, the dignity, and the rare disinterestedness with which this journal has been conducted during the long administration of the retiring editor. Despite the claims of a large and arduous practice, he has achieved for the *Lancet* an enviable scientific reputation and has made it a credit to the profession of Detroit. Indeed, to such a degree has the *Lancet* been the creature of Dr. Connor's peculiar qualifications that it is deemed futile to seek a successor able to supply his place in the esteem of its subscribers. Hence the reluctant announcement that the present issue of the *Lancet* is its last."

The *Michigan Medical News* was a semi-monthly journal, devoted to practical medicine, and was edited by Dr. J. J. Mulheron, at Detroit, Volumes I to V, 1878 to 1882. It united with the *Detroit Clinic,* which was edited by Dr. O. W. Owen, et al., at Detroit, "a weekly exponent of clinical medicine and surgery" (Volume I, 1882), forming *The Medical Age,* in 1883.

"Long may it [*Michigan Medical News*] thrive to enrich the proprietors, to promote professional activity and universal good feeling" is the neighborly greeting of that journal by the *Detroit Lancet.*[2]

It throve for a season—enriched medical literature, if not its proprietors, and promoted gaiety among a portion of the profession, if not *universal* good feeling.

"The journal last published, the *Detroit Medical Journal,* having from a combination of causes, financial and otherwise, become defunct, and the field being consequently unoccupied, a number of gentlemen, some of whom have been more or less intimately connected with journalism in this State since the first periodical was established, have taken the matter into consideration with a view to determining why the many journalistic enterprises which have been set afloat have been doomed so soon to sink."

Thus the salutatory of the *Michigan Medical News,* January 21, 1878, on the staff of which, with J. J. Mulheron, M.D., managing editor, were Drs. J. H. Beech, Coldwater; William Brodie, Detroit; William Parmenter, Vermontville; A. Hazelwood, Grand Rapids; E. S. Dunster, Ann Arbor; James C. Willson, Flint; D. W. C. Wade, Holly, and H. R. Mills, Port Huron—a fine group indeed.

This eminently satisfactory state of matters, however, obtained for but a brief twelve-month. "Death removed from us Dr. Beech, our senior editor, and Dr. Brodie in assuming the editorial management of *New Preparations,* found it necessary to resign. These, with the resignation of another member of the corps, Dr. Hazelwood, created three vacancies, and it was thought better than to fill them to have but one name on the cover."[9]

Why the others were unloaded does not appear.

While Dr. Brodie was still a member of the editorial staff he wrote on "Causes of Failure in Medical Journalism," for this snappy medical journal, which it may be mentioned *en passant* survived as such for five years. Among these causes several "might be enumerated, one of which is because they have been 'organs' either of medical colleges, medical societies or individuals with objects ulterior to the advancement of medical science.

"The *Peninsular Journal of Medicine* was originally the organ of the medical department of the University and of the first State Medical Society organized under the voluntary system. The *Medical Independent* was founded by Dr. Goadby and was conducted and supported by his friends purely to spite the *Peninsular* because it would not accord him certain privileges. It succeeded in crippling its enemy but it could not survive its victory, and the two were forced to combine. The combination failed, because it pleased the supporters of neither principals. The *Review of Medicine and Pharmacy* launched with good prospects but the fact soon leaked out that it was an organ and this proved the incubus which weighed it down.

"The *University Medical Journal* was started by the professors of the medical department of the University, and this fact attached to the suspicion that it was their organ and in natural sequence it succumbed—the journals themselves" have "emulated the make-up of their heavier metropolitan confrères . . .

"Experience is a hard taskmaster. . . . Medical journalism . . . demands a 'new departure.'

"The practicing physician whose time is fully occupied . . . wants his news fresh. . . . Our object as must already be apparent [This was No. 3 of Vol. 1] is to give our readers the *creme de la creme* of all professional intelligence."

The right is reserved to "strike out sentences too personal in character."[9]

It is strongly suspected that the reporter of the American Medical Association meeting in 1882, for the *Michigan Medical News* is no less than Mulheron himself. "Taken as a whole," he writes, "the address was a pleasing one though somewhat commonplace." At its close "Dr. William Brodie of Michigan exercised his time-honored privilege of moving a vote of thanks and referring the 'paper to the Committee on Publication.' The motion was of course, unanimously adopted."

And the following, referring to the same meeting, bears a similar earmark:

"The W. C. T. U. ever anxious, in season and out of season, to advance their cause, presented through Dr. N. S. Davis a preamble and set of resolutions denunciatory of alcohol and asking the Association to urge upon the various state legislators the necessity of educating the youth of the land in the physiological effects of the drug. The preamble and resolutions were referred to the Judiciary Committee."

Among "Medical Delusions" appears in the *Michigan Medical News* the following:

"That the proposed journal of the American Medical Association will ever prove a success."[9]

Mulheron was a close and discriminating observer, but his mental vision was now and again myopic.

"England can have her *London Times,* but such a paper would be impossible in this country, and we can no more from the very nature of the case, have a national medical journal than we can have a national secular paper."[9]

"He was a good writer," writes Dr. Walter J. Cree of Detroit. "He could throw the shaft of sarcasm pretty far. When I started practice his advice to me was, 'Do not run an opponent down, rather damn him with faint praise.' "

It was in this amiable manner that he referred to brother journalists. One will scarcely dispute that praise is reduced almost to a whisper.

"The *Physician and Surgeon* is the title of the latest Michigan contribution to the list," writes the redoubtable Mulheron in 1879. "It is published at Ann Arbor and is edited by Victor C. Vaughan, M.D., Ph.D., who is assisted by Professor Alonzo B. Palmer, M.D., A.M., Donald Maclean, M.D., and John W. Langley, M.D., B.S., members of the medical faculty of the University of Michigan. . . . If it can succeed in removing the impression . . . that it is an organ of the medical department it may prosper. The days of organs of 'schools, parties and cliques' have long since been numbered."[9]

"For beautiful writing give us our contemporary, the *Detroit Lancet.* Here is a specimen brick picked up at random. 'Then shall thy strength be renewed, and thy mental and moral forces shall rearrange thy disordered frame into a new man, filled with peace and joy—shouting, and laughing, and talking and working for the very pleasure of the activity like the frisking of the colt at play or the singing of the bird at morn.' It says that this is the way a short vacation affects a fellow. It must be delightful! Its senior editor, it tells us, is off among the Catskills (the home of Rip Van Winkle, and a very appropriate resort for our big 'I' friend) and we may expect some tall frisking when he gets back."[9]

To this, evidently, Dr. Cleland retorts in what might be termed in current parlance a lecture on "behaviorism." He quotes Goethe's "behavior is a mirror in which everyone displays his own image." He has often seen the truth of this trite aphorism exemplified, but "particularly of late have we seen it so in the 'image' of a certain managing editor of a medical journal, who has seen fit to defile the pages of the journal he conducts by personalities aimed at certain members of our editorial staff. The 'image' displayed by this 'behavior' in this case is true to the life, reflecting rancor, ill-breeding and vindictiveness of their original so vividly as to be at once recognized by those who have had but slight acquaintance with it.

"It has been the policy of this journal to eschew personalities . . . We would therefore respectfully say to our numerous friends who think we have too tamely submitted to these cowardly attacks, that the same policy regarding them . . . will still be pursued."

He concedes that in "mud-throwing" this "very gentlemanly? managing editor" would "beat us all to pieces."[2]

Dr. Mulheron writes concerning "The Greeley Expedition and Anthropophagy" as follows:

> "The point that chiefly interests the public—professional and lay—is that of cannibalism: was or was it not resorted to, and if so, was it excusable on the part of the survivors? There can be little doubt in the mind of anyone who has followed the daily newspaper reports of the details relating to this part of the affair, that the flesh of the dead was, toward the last, the sole sustenance of the few who lived to return to their homes. The ravings of the half-crazed men when first rescued, the partial stories of sailors of the relief ships, and the revelations made at the post-mortem examination of Lieutenant Kislingbury and others, would establish the fact in the mind of anyone. A conclusive point was the finding of epidermis in the stomachs of some of the dead. While a mistake might be made, and easily, in attempting to decide whether a specimen of muscular tissue was or was not human, it would not be so difficult to tell that a piece of skin belonged to a man. There can be no doubt that some of the rescued members of the Greeley expedition practiced anthropophagy.
>
> "Were they justified in so doing? It is very easy for a man who sits in his parlor after a hearty dinner, smoking a soothing cigar or pipe, to shudder when the question is asked, and say under no circumstances would a human being be justified in feeding on the flesh of one of his kind. But the question would present itself in another aspect to the man who had spent nearly three years in a dreary and desolate land of ice and snow; who had been for months without the food proper to sustain the vital energies so heavily drawn upon; who was feeling the pangs of slow starvation and saw a miserable death staring him in the face; who felt that life was dear in what the future might hold if he should be rescued. To such a man, desperate and with blunted intellect, the matter of keeping alive by eating the flesh of the dead companions, who are not injured by the act, does not, cannot seem so horrible. Let any man imagine himself in such straits as were these few survivors of the expedition, and say that he, under similar circumstances, would not have taken the same means of fighting death that these men did."[8]

Regarding the establishment of the *Michigan Medical Monthly*, we find this enlightening bit of information:

> "To 'Enquirer.' We can give you no information touching the proposed 'thoroughly independent organ,' about to be issued from Lansing, under the editorship of Dr. George E. Ranney, the gentlemanly and scholarly secretary of the Michigan State Medical Society. The prospectus before us states that 'the initial number of the *Michigan Medical Monthly* will be issued during September, 1884.' You have now as much light on the subject as we have. For answers to your questions touching the position of the journal in its relations to the University of Michigan, and for solution of the several conundrums which you propound, we beg respectfully to refer you to Dr. George E. Ranney, Lansing, Michigan, whom you will, doubtless, find ready and willing at all times to furnish them. We have no intuitive power of divination qualifying us for the position of seer."[8]

Dr. C. Henri Leonard complains of a review of a "Compend of Anatomy" contained in the *Michigan Medical News*, and alleges plagiarism; whereupon Dr. Mulheron writes, "Plagiarism as we take it, refers rather to ideas than to the mere mechanical arrangement referred to" and "if Dr. Leonard has found that Roberts' 'Compend' is nowhere so complete as his [Leonard's] 'Anatomist' we can only congratulate him on the discovery," for "is not plagiarism the most subtle form of flattery? It is the tribute which mediocrity pays to genius." However, it is deemed not "passing strange that a similarity should exist between two compendiums, both of which are confessedly extracted from Gray's 'Anatomy.' "[9]

On the other hand, the *Detroit Lancet* likes Dr. Leonard's book, which contains among other matter very necessary "rules for pronunciation; rules for genitive case endings in prescription writing."[2]

Any old medical settler can see the importance of this for the time, but the present-day manufacturers of pharmaceuticals and the soda-jerk druggists have "changed all that."

"The *Therapeutic Gazette* is the successor to *New Preparations,* Dr. William Brodie of this city, Editor . . . The typographical execution of the new journal is probably unequalled by any medical journal in this country, and friend Brodie's name is a sufficient guarantee to all who know him (and almost everybody does) for the editorial status."[9]

Apropos the literally burning question of the reestablishment of the death penalty in this State, Dr. Mulheron wrote editorially in 1880, "We believe that were a less revolting method than the gallows introduced, that society would be better protected against murderers by fixing death as the penalty than by life imprisonment. A variety of substitutes have been proposed for the rope; we shall refer to some of them on another occasion."[9]

The reception of a number of certificates as to the excellency of Morse Stewart Jr's "Pocket Therapeutic and Dose Book" did not lessen the wind in his sails although it caused the reviewer who had not esteemed the book "even from fair to middling" to fear that the wrong book had been reviewed, "But a look at our book-shelf satisfied us that no such mistake had been made."[9]

The human hides that the meticulous Mulheron nailed to his door would have stocked all the post-revolution book-binders of France.

"What wonder," exclaims the *Michigan Medical News,* "if excellent whisky is made of potatoes! It is the spiritus potatorum."[9]

Dr. H. S. Lay came to Allegan in 1849. For a time he lived in Battle Creek as physician-in-chief of the "Sanitarial Health Institute" and edited the first volume, August, 1866, of "Health Reform." In 1877 he was graduated from the Detroit Medical College.

"A Fairminded (?) [*sic*] Journalist" is discussed by another of at least equal attributes in the *Michigan Medical News,* Volume I, Page 124. It is a review of the Hawxhurst Case. (*See Chapter on* Controversies.)

"The reason" it appears for the attitude of the "Fairminded" under discussion, "is found in that narrow-minded bigotry (to use a mild term) which has ever been his one distinguishing characteristic." "We have no disposition to review the testimony," writes the impartial "J. J. M." which "might be adduced *pro* and *con* bearing on the complicity of the Detroit College. We are glad it has in this semi-official way made an effort to purge itself of the suspicion which certainly at one time attached to it." Now it (the disclaimer) "comes very appropriately through a personage who has made himself so conspicuous for his veracity. This is in beautiful accordance with the eternal fintess of things. *"Veritatis simplex oratio est."*[9]

Time was when in our noble profession the use of Latin was not limited to prescription writing.

Nor, on the other hand, did all of these journalistic controversialists limit themselves to the use of current phrasing in their own tongue—"plain English," so to speak. One is lost in admiration of the writing of "H. A. C."

who could blithely and confidently get away with "nathless it has been shown again and again." In the interest of piquancy, obsolescence cuts no figure with the erudite.

Tenderly, chidingly, Dr. Mulheron refers to the "Third Annual Report of the Eye and Ear Department of St. Mary's Hospital of this City, from which we learn that Dr. Smith is the surgeon and that he treated 983 cases at the institution during the past year. This is all we do learn . . .

"The statement that he treated one case of anchylo-blepharon, one of symblepharon, two of hyposphagma, eight of pinguecula, one of keratitis hypopion, two of aphakia, one of coloboma, one of hemeralopia, nine of dacryocysto-blenorrhea, two of amblyopia ex abusa, and thirteen of amblyopia ex anopsia is very interesting, though somewhat disconnected reading, but it only excites curiosity. What was done for these polysyllabic affections and how did they come out?"[9]

They had just started another medical school in Detroit. (*See* "Medical Education.")

"Edison believes [1879] he will yet be able, by passing an electric burner into the stomach, to illuminate the interior of the body."[9]

"Edison having failed [1880], at least not having succeeded, in perfecting his electric light, has turned his attention to quackery, and is said to have invented a specific for rheumatism, which will probably soon take the place of St. Jacob's Oil on our fences and dead walls. He is also reported to have discovered a new anesthetic. There is nothing like medicine as a field for the display of genius."[9]

"The excitement following the announcement that Mr. Edison had discovered a method of dividing the current so as to make electricity available as a light for domestic use subsided as soon as the first effort of that gentleman to reduce his theory to practice proved a failure."[9]

Verily, the ways of journalism—medical and lay—are often past finding out. One might almost surmise that at some time Edison had worsted Mulheron in a Greco-Roman mix-up. (*See* "Extra-Professional Activities"—Athletics.)

In the beginning of the second half-year of the *Detroit Review of Medicine and Pharmacy*, the editors "regret to say that our patronage thus far has not been as free as we hoped at the commencement," but they "do not propose to be down-hearted."

In the words of the poet—

"Truth crushed to Earth shall rise again
The eternal years of God are hers
While error wounded writhes in pain
And dies amid her worshipers."

It is hoped through the above quotation to convey further satisfaction to the shades of the departed publishers who have gone to their doubtless already rich reward. Their optimism is now to receive tardy justification in this historic record.

"A certain Edward Twiss, M.D., attempts a history of the medical press of Michigan in the August number of the *Detroit Lancet.* He remarks that he who assigned him the task 'should be held amenable to the charge of cruelty to animals' and we perfectly agree with him, and if he had said 'cruelty to a particular animal with elongated auricles' we should have been enthusiastic in our endorsement of the remark. He says the *Michigan Medical News* and the *Physician and Surgeon* are the representatives of identical interests, with the implication that they are the organs of the same institution! Well, Twiss always was regarded a little queer."

The above quotation will be found in Volume II on Page 181, and a prize is offered the reader who guesses its source. If peradventure several replies are received all identical, the package of Lucky Strikes will be withheld.

The *Medical Age* was also a semi-monthly journal, a review of medicine and surgery, with Dr. John J. Mulheron, editor, and Drs. H. F. Lyster, T. A. McGraw, H. O. Walker and Daniel La Ferte, assistant editors. Volumes I to VI, 1883 to 1888, were published at Detroit, and later, Volume VII, July 24, 1889 to 1906, was published by Dr. Frederick W. Mann. In 1907 it became the *Therapeutic Gazette,* a monthly journal, which was at one time published by Drs. William Brodie and Carl Jungk, and later by Drs. H. A. Hare and Edward Martin.

A magazine called *Medicine* was edited by Dr. Harold N. Moyer, Volumes I to XIII, April, 1895, to December, 1907, and then merged in The *Therapeutic Gazette* as did the *Medical Age.*

> "The *Michigan Medical Monthly* is the name of a new journal which is announced to appear next month. It will be published in Lansing and will be edited by Dr. George E. Ranney, with Dr. George H. Cleveland as associate and manager. Lansing is the capital of the state and will, doubtless, furnish such an abundance of material as will insure the success of the new enterprise. The well-known scholastic attainments, also, of its editor, and his ability as a writer, are in themselves enough to insure a brilliant professional and financial outcome. It is gratifying to note that the journal will 'maintain the standard of excellence which can only be had by a thoroughly independent organ.' The accepted meaning of the term 'organ' as applied to journals, is somewhat inconsistent with the idea of independence, the 'organ' being supposed to be run exclusively in the interests of an individual or clique. But of course, as the word is employed by the architect of the prospectus of the forthcoming journal, it can have no such questionable significance. The architect, doubtless, had in mind only the most strictly lexicographical definition of the word, which has not yet been changed to conform to the more or less vulgar conception of its meaning."[8]

In a review of Dr. C. Henri Leonard's "Auscultation, Percussion and Urinalysis," somebody writes—could it have been Mulheron—thus appreciatively:

> "The versatility of Dr. C. Henri Leonard's genius is too well known to the medical profession of this country to render necessary any further notice of this little volume before us, than the statement that it bears distinctive marks of its paternity. As an epitomizer, Dr. Leonard has established for himself a reputation, and the list of his efforts in this direction (very singularly, however embracing nothing on the subject of which he is professor), already covers a goodly-sized page set in solid brevier. Some of them, and notably his work on Hair, his Vestpocket Anatomist, his Code of Ethics, his Physician's Account Statements, his Pads of Clinical Leaves, and his illustrated Medical Journal, are *sui generis.* Nothing succeeds like success, and it is gratifying to note that the doctor's publications yield him a satisfactory income. Doubtless his latest effort, the 16mo. volume

> before us, supplemented by his unsurpassed facilities for bringing it to the notice of the profession, will succeed not less decidedly than his previous ventures.
>
> "The chapters on Urinalysis are by Dr. W. H. Rouse, and they evince not less ability in epitomizing than is apparent throughout the whole work."[8]

The *Western Medical Advance and Progress of Pharmacy* was a journal edited quarterly by Dr. W. H. Lathrop, at Detroit. Volumes I and II, June, 1871, to June, 1873. It was continued as *The Medical Advance* in 1879, and was also issued quarterly, edited and published by Dr. C. Henri Leonard, at Detroit. It was termed "An Illustrated, Quarterly Journal of Medicine and Allied Sciences." Volume III appeared in 1879. It was later continued as *Leonard's Illustrated Medical Journal,* in 1880, and was edited and published quarterly at Detroit by Dr. C. Henri Leonard (Volumes I to IX, 1880 to 1888), and was devoted to medicine, surgery and pharmacy.

At about this same time the *Microscope and Its Relation to Medicine and Pharmacy,* an illustrated, bi-monthly journal, was edited and published by Charles H. Stowell and Louise Reed Stowell. Volumes I to VIII, April, 1881 to 1888, were published at Ann Arbor. In 1883 the title became *The Microscope,* and it was, in 1889, published at Washington, D. C.

Mulheron in the *Michigan Medical News* wishes success to and welcomes to its exchange list *The Microscope,* edited by Dr. Charles H. Stowell and Louisa Reed Stowell of the University.[9]

This must have been good news for the publication which had among its collaborators men like Manton, Mann and F. W. Brown.

In 1888, and continuing until 1891, the Proceedings of the Detroit Medical and Library Associations were published. Dr. J. H. Carstens was president, and Dr. F. W. Mann, secretary. The committee on publication was: Drs. Frank W. Brown, F. W. Mann, Justin E. Emerson, and W. G. Henry.

The *Physician and Surgeon,* a monthly magazine, devoted to medical and surgical science, had as its first staff, in 1879, Dr. Victor C. Vaughan, managing editor; associates, Drs. Alonzo B. Palmer, Donald Maclean, and John W. Langley, of Michigan, and Dr. John A. Octerlony, of Kentucky, Dr. George Groff, of Pennsylvania, and Dr. Richard W. Corbin, of Illinois. In 1884 to 1888, Dr. George A. Hendricks became sole editor.

Volume I, Number 1, January, 1879, had the following introduction:

"The Physician and Surgeon"

> "With this number, this journal comes into being and makes its bow to the medical profession. It is not our object to supplant any existing journal, but we believe there is room for one more of the kind which we propose this shall be. It will be our object to furnish original articles, and abstracts from foreign and home journals. Such articles have been promised by medical men in this country and abroad and will embrace the departments of medicine and surgery, anatomy, hygiene, and medical chemistry, which have a direct relation to the practice of medicine. It will be our endeavor to have these articles neither so verbose as to be pedantic and wearisome, nor so condensed as to be unintelligible. They are not to be wholly theoretical, but are to be practical; thus, a communication advancing a certain theory without a basis of substantial facts will not find a place in these pages; but ideas founded upon facts and conclusions deduced from actual practice will be welcomed. Our communications with regard to treatment shall be written by practicing physicians or reported by hospital attendants; while those pertaining to surgery will be written by operating, and not by theoretical surgeons.
>
> "It must also be stated that this is a medical journal devoted to the interests of the

general practitioner and not intended for the specialist; consequently, only those articles which are of direct and practical importance to our patrons will be discussed here.

"Due attention shall be given to our abstracts and in this department the best medical journals of America and Europe will be at our command; whether we shall make the proper use of them or not remains to be seen.

"Our facilities for reporting clinical cases will be unsurpassed. All of the important cases presented at the clinics of the University of Michigan will be accurately reported; while one of the associate editors, Dr. Groff, will be present each week at all the clinics of Philadelphia and will report important cases. The New York clinics will also be reported by another of the associate editors, Dr. Corwin. Owing to some delay in perfecting these arrangements, no report of the Philadelphia and New York clinics will appear in this issue; but we promise our readers that all of the most important operations performed at New York, Philadelphia, and Ann Arbor will be reported in the subsequent numbers of this journal.

"With these few words of introduction and explanation as to the kind of a journal The *Physician and Surgeon* proposes to be, we present this, the first number, to our readers, knowing full well that they will judge us not by our promises but in accordance with that wise injunction, 'Ye shall judge them by their fruits.'"

In 1886 appeared *The Health Record,* the first "Movement Cure" journal published in America, by Mark S. Purdy, at Corning, New York, then at Detroit. It was an illustrated quarterly journal of hygiene, preventive medicine, and sanitary science.

The *Hygienic Family Almanac* was published at Battle Creek in 1875, at the office of the *Health Reformer,* a monthly magazine, edited by H. S. Lay, and first appeared in August, 1866. Volumes V to VIII were edited by Drs. James White and Mina Fairfield. Volume IX was edited by Dr. J. H. Kellogg in 1874. This magazine is continued as *Good Health,* a journal of hygiene.

The *Bacteriological World and Modern Medicine* was another Battle Creek publication, being edited by Drs. Paul Paquin and J. H. Kellogg, monthly, Volume I, November, 1891, to December, 1892, and was a continuation of *The Bacteriological World,* by Dr. Paul Paquin, Volume I, 1891, at Columbus, Ohio.

It became *Modern Medicine and Bacteriological World* in 1893 and so continued to 1907.

Modern Medicine and *The Bacteriological World* were merged, and united, and separated, many times, and bore a number of combinations of these titles. *Modern Medicine* after 1898 became *Modern Medicine and Bacteriological Review;* in 1891, *Bacteriological World;* in 1892, *Bacteriological World and Modern Medicine;* in 1893, again *Modern Medicine and Bacteriological World;* later in 1893, *Modern Medicine.*

Public Health has been published quarterly by the State Department of Health, at Lansing, since 1906, and is current. It is issued "for the general dissemination of sanitary knowledge."

In May, 1905, Dr. E. L. Shurly edited a monthly journal called the *American Journal of Tuberculosis,* but in August of the same year, it died.

There were a few journals and magazines which should be noted, that were short lived, among them being:

The *Covert Medical News,* of which Dr. O. M. Vaughan was editor and proprietor. It was a quarterly journal, Number 1 being dated January, 1891, Covert, Michigan.

Another, *The Bureau of Electro-Therapeutical Laboratory of the University of Michigan,* was issued monthly as a bulletin, at Ann Arbor, Volumes I to IV, 1894 to 1897.

Then, the *Leucocyte* was published by the students of the Detroit College of Medicine, at Detroit. It was the official organ of the alumni, and was issued monthly during the college year; Numbers 1 to 6, Volume I, October, 1894, to March, 1895; Volumes VI and VII, October 1898, to May, 1900.

The *Doctor's Magazine and How To Live* was published at Alma, Michigan, and was previously called the *Doctor's Magazine.* It was a monthly periodical devoted to the interests of the medical profession and to public health. Dr. George F. Butler was the editor. Volumes I to IX, February, 1900, to January, 1903, were printed at Chicago, and then moved to Alma, Michigan.

Somewhere about 1906, there was published at Three Rivers, Michigan, a journal called The *World's Electropathic Journal of Practical Instruction and Clinical Review,* by Drs. S. E. Morrill and J. J. Morrill.

At the State Society meeting at Mt. Clemens, in 1896, Dr. Leartus Connor said that he had decided to give notice that next year he intended to move the appointment of a committee to consider the propriety and wisdom of publishing the work of the Society in a medical journal, controlled by itself.

Then, in his president's address before the Society, June 26 and 27, 1902, it was suggested that by specific resolution they direct the publication committee to issue transcripts in the form of a monthly journal to be known as the *Journal of the Michigan Medical Society.* To aid this committee it was suggested that four members be appointed till their successors be elected. To this board of publication all matters relating to the expenditure of money were to be referred and on it was to be placed all responsibility for the journal's management. The society's journal issued its first number in September, 1902, with $2,500 worth of advertising as result of its large and increasing circulation. Volumes I, II, III and IV were edited by Dr. A. P. Biddle, with Dr. Guy L. Connor as managing editor. Volumes V and VI were edited by Dr. B. R. Schenck, and in Volumes VII and VIII Dr. C. S. Oakman was included as associate editor. Dr. Wilfrid Haughey was editor of Volumes IX, X and XI. Succeeding volumes were edited by Dr. F. C. Warnshuis.

This organ of the State Medical Society has largely met the needs of medicine in the state. The scientific papers and discussions have been of a high order. The profession has been kept informed of medical progress and inspired to better effort. Standards have been urged and stimulated, and the interests of the public and the profession conserved and promoted.

At the January, 1928, meeting of the Council of the State Society, a plan for the division of the duties of the secretary-editor was presented and

Dr. J. H. Dempster was made scientific-editor, Dr. Warnshuis continuing as secretary of the Society and in the management of the journal.

Dr. J. H. Dempster, who in 1928 succeeded Dr. F. C. Warnshuis as editor of the *Journal of the Michigan State Medical Society,* has had large experience in medical and lay journalism.† He has been for years interested in medical history and articles published on the subject of prehistoric disease are of high literary excellence and bear evidence of thoughtful study and diligent research. He writes:

> "Skeletal remains from the close of the Paleozoic period have been studied and it has been found the vertebrates from that time have been to a greater or less degree subject to various forms of disease. In other words from that geologic epoch there has been progressive increase in bacterial infection. Even the dinosaurs were not exempt for fractures have been found complicated with osteomyelitis and evidences of subsequent repair have been observed. True bone tumors or osteomata have been found in the Mesozoic period. These bone diseases have retained their characteristics for perhaps millions of years. Pathologic conditions in ancient vertebrates have been found to resemble those of modern forms. Observations have of course been limited to tissues that have been capable of preservation for long periods of time. Bones have been studied chiefly. Soft tissues have become fossilized and thus yielded to study by the modern pathologist. Parenthetically, it might be said that such studies that have been made, have been the result of the invasion of the field of the paleontologist by the pathologist and anatomist. Such names as Virchow, Ruffer, and in America, Moodie, are at once suggested. Skeletal remains particularly of the vertebral column with attached ribs have been found in a distorted or curved position suggesting that the animal must have died of some condition accompanied by marked muscular spasm. Large numbers of skeletons have been found in the position of opisthotonos, characteristic of neurotoxic disturbance. Our very earliest evidence of disease, however, consists of the action of early parasites on the shells of ancient animals.
>
> "The beginnings of disease as intimated are associated with bacterial life which coexisted with the higher forms of life. Bacteria have been found in spore form in thin sections made of Devonian rock.
>
> . . . .
>
> "The sociologic aspects of disease have been recognized in the great organized effort for its control known as preventive medicine and sanitation, and almost within the memory of many still living in the recognition of a new state function, namely medical education. Disease prevention will doubtless engage the attention of both profession and laity in still greater degree as time goes on.
>
> . . . .
>
> "Syphilis has been reported by De Morgan to have occurred among the ancient Egyptians, but the evidence has been declared uncertain. Appendicitis in the early Egyptians has been observed by G. Elliott Smith, who discovered appendiceal adhesions. Osteoporosis has been noted in early Egyptian skulls. Syphilis in ancient Egypt is still unproven according to such authorities as Elliott Smith, Jones and Ruffler.
>
> "The successor to the mound-builder in the possession of the North American continent, the Indian, appears to have been a healthy specimen. He did not consider it a duty to care for the helpless, preferring that the principle of the 'survival of the fittest' should prevail unhindered. Moodie doubts the presence of syphilis among them. So free from disease were they that the introduction of disease coming with the white man had a virgin soil on which to work. As a result we have all but extinction of this rugged and picturesque race."

He summarizes as follows:

> "1. Medical history may be studied from the viewpoint of disease as well as that of the Makers of Medicine. We have evidence that disease existed ages before we have any written records of it.
>
> "2. Skeletal remains from the close of the Paleozoic period to the present have been studied. Bone conditions of the remote pre-historic past resemble those known to the modern pathologist.
>
> "3. Bacteria are probably as old as animal life. Lowest of primitive feeders derived sustenance from inorganic chemical compounds.

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†Editor *Detroit Medical Journal,* 1910-1918; assistant editor London, Ontario, *Advertiser,* 1900-1912; editor of the *Windsor Daily Record,* 1902-1905.

> "4. Earliest animals were immune to disease which occurred only as immunity began to weaken.
>
> "5. Ruffler's study of paleopathology in connection with Egyptian mummies—his method of restoring tissues—pathological conditions found.
>
> "6. Means and Moodie study the remains of American mound-builders—origin of syphilis obscure—its American origin not proven. Disease among the Incas—evidence from exhumed skeletons and ornamented pottery."

"Sixteen years is a long time," writes Dr. F. C. Warnshuis in a valedictory on relinquishing editorial functions:

> "Sixteen years is the longest editor's tenureship in the history of our Society. Sixteen years of editing sixteen volumes of our Journal represents a tremendous amount of time and labor devoted to preparation and supervision of some 16,000 pages of printed matter. We are unable to estimate the time consumed, the labor entailed or the effort expended, to say nothing of exacting details or the worries that attend an editor's task. We did the best we knew how; we served and ever considered it a privilege to be permitted to so serve. Therefore, at this time, we purpose no summarization of the work, no comparison of issues of sixteen years ago, of expansion, style or appraisal of the intrinsic value of each volume. All that we leave to our members and readers. The sixteen volumes supply their own merits or demerits.
>
> "Thus, as we voluntarily lay aside, and pass on to an able successor, our editorial role we find ourselves confronted with many reflections which, on more mature deliberation, we prefer to remain silent upon. So we lay aside the figurative editorial pen but ere doing so we purpose an expression of appreciation.
>
> "We cannot adequately voice our gratefulness for the many kindnesses that have been accorded and which have inspired as well as made pleasant our editorial work. To all who thus assisted us we say 'thank you' with deepest, heartfelt meaning. That which was attained would not have been possible without such friendly support. We are profoundly grateful—you aided, you encouraged, you inspired more than you really knew. Our memory will never permit us to forget the manner and degree of your helpfulness."

The *American Homeopathic Observer* was published at Detroit, and edited by Dr. Edwin A. Lodge, Volumes I to VI, January, 1864, to December, 1869. The title on the cover in 1864 was *Monthly Homeopathic Observer*. It was continued as *American Observer,* and appeared monthly. It was devoted to the "dissemination of homeopathy," the "medicine of experience," and was also edited by Dr. Edwin A. Lodge at Detroit until it ended in 1875.

The *Michigan Journal of Homeopathy*, devoted to medical and surgical science, was published quarterly at Detroit, by the faculty of the Detroit Homeopathic College. Numbers 1 to 3, Volume I, July, 1872, to April, 1873, were published by the faculty. Volumes II and III were edited and published by Dr. E. R. Ellis, at Detroit.

The *Cincinnati Medical Advance,* a homeopathic monthly journal, had Dr. T. P. Wilson as general editor, Volumes I to VIII, March, 1873, to June, 1880, at Cincinnati. Volume II commenced in May, 1874. Volume VI ended in April, 1879, two volumes being published annually. This journal was continued in July, 1880, as The *Medical Advance,* and was published by the Medical Advance Publishing Company, at Ann Arbor, with Dr. T. P. Wilson as editor, and Dr. J. P. Geppert, of Cincinnati, Ohio, as assistant manager. In 1883 Dr. H. C. Allen became business manager. During the publication of Volume XIV Dr. Geppert dropped out and Drs. Phil Porter and H. C. Allen were added. Volumes XIII to XVI covered the period from July, 1882, to June, 1886, one volume being published annually.

Dr. Phil Porter edited a monthly journal at Ann Arbor, in January, 1885, called the *American Homeopathic Journal of Gynecology and Obstetrics.* It was a supplement to The *Medical Advance.*

The *Medical Counselor,* a monthly journal, was devoted to the best interests of homeopathy. It was edited by Dr. J. P. Mills, and there were two volumes annually. Volumes I to XIII covered the period from April, 1879, to December, 1888. From 1879 to 1882 it was published at Chicago; from 1882 to 1884 at Grand Rapids; at Ann Arbor from 1885 to 1888; and at Detroit from 1896 to 1910, with Drs. Harold Wilson and S. H. Knight, editors.

In 1880 and 1881 the journal was edited by Drs. H. R. Arndt and N. B. Delamater, Volumes III and IV. Volumes V to VII had Arndt as sole editor. The title of Volume VI and numbers 57 to 69, Volume VII, (October 5, 1881, to June, 1882) was The *Weekly Medical Counselor.*

In July, 1882, it became a semi-monthly, and was published at Grand Rapids. After Volume VI there was one volume annually. In Volume VIII Dr. H. Whitworth was added as editor. In 1886, Volume XI, the title became The *Medical Counselor and Michigan Journal of Homeopathy.* In 1887 it was again published monthly.

Of the homeopathic physicians in Grand Rapids in 1891 Dr. Hugo R. Arndt became professor of materia medica and therapeutics and clinical professor of nervous diseases in the University of Michigan homeopathic medical school and was for seven years editor-in-chief of the *Medical Counselor.*[4]

The *Medical Counselor,* an eight page semi-monthly, was established in Grand Rapids in 1877 by Dr. Hugo Arndt. In 1891 it was printed in Ann Arbor.[4]

Dr. Rollin H. Stevens, born in Ontario, 1868, graduated from the Homeopathic School of Medicine in 1889, licentiate of the College of Physicians and Surgeons of Ontario, gynecologist to Grace Hospital, Detroit, was sometime business manager and surgical editor of the *Medical Counselor* and took an active part in founding that journal.

"He is gynecologist to Grace Hospital and gynecologist and vice president of the dispensary staff of that institution; a member of the American Institute of Homeopathy; of the State Homeopathic and the Detroit Homeopathic Practitioners' Society, having been instrumental in the organization of the latter society in 1893, and was secretary of it for the first three years of its existence. He is also a member of the Fellowcraft Club and Fortnightly Club of Detroit; a member of the board of Midwife Examiners of the Detroit Board of Health; of Grand River Tent, No. 409, of the Maccabees, and has been physician to that body for several years. While in California he was a member of the California Homeopathic Society."[7]

His wife, also a physician, is at present a member of all the medical societies to which her husband belongs; is pedologist to Grace Hospital at

Detroit, and a member of both the regular and dispensary medical staffs of that institution.[7]

In 1836 there was published in Kalamazoo The *Vegetable Herald,* by Dr. A. Bennett, a monthly "devoted to the spread of useful vegetable medicines."[5]

At the banquet of the Michigan State Medical Society in 1881, Dr. Leartus Connor responded to the toast "Medical Press of Michigan" as follows:

"All beings, inorganic or organic, testify that at one time or another they have been subjected to the action of a press, or acted the part of a press. The very dust of the earth was formed by the pressure of vast glaciers moving over solid rocks.

"The most tiny plant and the mighty oak, alike, have been born and have developed under and in spite of the action of numerous presses. Animals do not escape the action of mighty material agencies that tend to crush out their existence. Man, as an animal, is under the same laws, and like other animals grows stronger as he overcomes the agencies that press upon him. But it is not our purpose to dwell upon these presses, important as they are. Nor is it in our thought to speak of the presses that man is subjected to as an infant, as a child, or as a lover.

To us, as medical men, the medical press of our state has a far reaching interest. It measures the results of our work and is the public announcement of our spirit and our aims. By it the profession of other states and abroad measures our capacity, our industry and our character. By its utterances it tends to mould our lives and our thoughts. In turn we make it what it is. If we are industrious in advancing the general good of the profession, all can read it in the work of our medical press. If we are indolent, neglectful of our opportunities, vicious or unfaithful servants of our noble profession, all can read it in our medical publications. Hence it becomes us to look sharply to our medical press, and to see that it is correctly representing us to the world.

"A word as to the history and present status of our medical press. Very early in the growth of our state a medical journal was started. This was soon followed by another. After a time they both retired. One after another new ones have been born and have died. In 1877 there was but one medical journal in the state, now there are six. Among them we have a quarterly, four monthlies, and one semi-monthly. Three are special journals, and three are general medical journals. In a certain sense each meets the needs of a different class of readers. Leonard's *Illustrated Medical Journal,* in an enterprising way, brings before the public pictures of celebrated medical men. Dr. Mulheron, in his *Michigan Medical News,* twice a month, brings the latest medical news to our tables. We could hope that he might be so encouraged as to start a weekly medical news. In fact, we hope to live to see the establishment in our state, of a daily medical paper. *The Physician and Surgeon* of Ann Arbor gives us monthly an excellent collection of scientific medical and surgical material. *The Microscope,* a new press, from the hand of Dr. Stowell, gives us the latest work in our studies of the smallest things. The *Therapeutic Gazette* is the handsomest of all the presses and keeps us posted in all matters pertaining to new remedies, or new forms or modes of using old ones.

"The oldest medical press is that of the *Detroit Lancet*. The enterprise of its publisher certainly deserves our cordial support. Commendations of the medical press of Michigan have come to us from all parts of the East, and far West, with greater earnestness than appears in our own state. In fact, more encouragement and cheer comes from the savants of the old world, such as Professor Virchow, than often is heard even in our midst.

"Gentlemen, the medical press of Michigan calls for our hearty sympathy and earnest support. It is at once our servant and our master. It will press upon us in any direction that we may choose, and it may be pressed and moulded by us into any shape that we may elect. It is our own. Let us cherish it as the choicest of our treatures and it will enrich us beyond our wildest imaginations."[11]

Dr. Edward Twisst, of Athens, Michigan, read before the Calhoun County Medical Association in 1879 a paper on "The Medical Press of Michigan." His chronology is as follows:

1. *Peninsular Medical Journal of Medicine and Collateral Sciences.* E. Andrews, A. B. Palmer, Editors, 1853-1858, Detroit and Ann Arbor.
2. *Medical Independent and Monthly Review of Medicine and Surgery.* Dr. Goadby, Editor, 1856-1858, Detroit.
3. *Peninsular and Independent Medical Journal.* A. B. Palmer, Moses Gunn, F. Stearns, Editors, 1858-1860, Detroit.
4. *Detroit Review of Medicine and Pharmacy.* G. P. Andrews, E. W. Jenks, T. A. McGraw, H. O. Walker, Leartus Connor, Editors, 1866-1876, Detroit.
5. *Detroit Medical Journal.* Leartus Connor and J. J. Mulheron, Editors, 1877, Detroit.
6. *Detroit Lancet.* Leartus Connor and H. A. Cleland, Editors, 1877, Detroit.
7. *Michigan University Medical Journal.* Faculty at Ann Arbor, 1870-1873.
8. *Western Medical Advance.* W. H. Lathrop, Editor, 1871-1873, Detroit.
9. *Peninsular Journal of Medicine.* H. F. Lyster, et al; Editors, 1873-1876, Detroit.
10. *Michigan Medical News.* J. J. Mulheron, Editor, 1877, Detroit.
11. *Western Medical Advance.* 1879.
12. *New Preparations.* H. C. Leonard (C. Henri L.?), G. S. Davis and William Brodie, Editors, 1878-1879, Detroit.
13. *Physician and Surgeon.* Faculty at University of Michigan, 1879, Ann Arbor.
14. *Sanitary Journal.* Dr. Kellogg, Editor, Battle Creek.[2]

"We notice in a recent number of a Detroit journal that its editor has really had an order for 500 copies of one of his books, from England. He says that they are to pay him £——! He then adds that 'very few American medical authors have had as pleasant foreign experiences.' He should add, 'especially such men as Frank Hamilton, Gross, Flint, and the like.' Truly this sudden success hath made him mad, for, on another page, he starts a 'guessing school' in keeping with the dignity of his calling.

"If an individual only 'guesses' a certain number which is hidden in an envelope, he is entitled to a 'sound,' 'speculum' or 'syringe.' We fear the doctor will lose money, for medical men, as a rule, are constantly engaged in 'guessing' and frequent post-mortems have verified or corrected their guesses to such an extent that the older members of the profession can now guess it pretty close.

"We congratulate this editor on now offering some inducement to young physicians to take his journal. They may at least acquire greater proficiency in the art of 'guessing.'

"We also congratulate you, Mr. Editor, in not being obliged to offer prizes to people to get them to read your journal, which journal is the brightest, crispest, and best that comes to my table.

Ann Arbor, Mich. 'Guess' Who."

Dr. Mulheron failed to fall for special societies of limited membership. He writes: "We should very much like, however, to convince our specialists that they are not only not reaping any special benefit by thus segregating themselves, but they are also doing the general profession a serious injury by thus deliberately dismembering themselves from the great body. What is to become of the general practitioner or what advantage will there lie in general medical meetings, if those who have qualified themselves to instruct in special divisions of medicine, refuse their support? When our surgeons, our gynecologists, our laryngologists, our ophthalmologists, our neurologists, our dermatologists, etc., have hived off, each by themselves, what will be left of the American Medical Association, and what will it be worth?"[8]

"Our intelligent compositor, in setting up the programme of the 1885 meeting of the American Laryngological Association, jumped one line of copy in the part giving a list of the members of the reception committee. That line contained the names of Drs. Henry F. Lyster, Leartus Connor, John Flintermann, and Donald Maclean. These gentlemen, it is needless to state, will be on hand, with their *suaviter in modo.*"

"The versatile Dr. C. Henri Leonard, of this city, has sent us sample sets of his perforated, gummed labels, bearing the addresses of the various medical journals published in this country. This is his latest addition to his long list of sundries. They will be found very convenient by physicians who may desire to send reprints of their articles for editorial notice and by colleges sending out their annual announcements."[8]

"The editor of one of our exchanges brands the dean of a certain medical college as 'one who has descended but little from his level and has reached the ranks of the lowest order of human depravity,' and posts him as 'a falsifier and slanderer, whose unscrupulous mendacity is only equalled by his asinine stupidity and close resemblance to the trembling spaniel.' One would naturally infer from this that our brother does not like the dean. Inasmuch as he says in a subsequent article, as a reason for rejecting a communication, that he 'will not print personal abuse of any man,' the average reader will be at a loss to know under what head he classifies the above. Perhaps it is a panegyric."[8]

Dr. Thomas N. Reynolds (1843-1885), formerly of Orion, died in San Antonio whither he had gone in consequence of tubercular disease. Born in Picton, Ontario, and having a bent of mind toward science, "he attended lectures at the medical department of the University of Toronto, from which institution he was graduated in 1868. In the following year he removed to Orion, Michigan, where his methodical habits and great industry, which were his characteristics, combined with a thorough medical education, soon won for him a very large practice, to which he devoted himself, at the expense of his health, for six years. He then made a tour of the European seats of learning and, returning, settled in this city in 1877. His superior qualifications marked him for advancement, and, in recognition of them, he was appointed professor of materia medica and therapeutics, and clinical medicine, in the Detroit Medical College, a position which he filled with the fidelity which he brought to the discharge of everything he undertook.

"Dr. Reynolds was, for a time, one of the editors of the *Detroit Clinic,* in which capacity he developed marked ability as a writer, his utterances being singularly clear-cut and thoughtful. Personally he was a genial and conscientious man, with a high sense of professional honor."[8]

The following items were taken from the *Journal of the Michigan State Medical Society,* June, 1928:

> JUNE TWENTY-FIVE YEARS AGO
>
> The Journal M. S. M. S. of 1903 contained papers on Impetigo by Dr. William F. Breakey, Ann Arbor; the Etiology of Pelvic Inflammatory Diseases by Dr. Richard R. Smith, Grand Rapids; The Conservative Treatment of Pelvic Inflammatory Diseases by Dr. R. E. Balch, Kalamazoo; Boiling as a Method of Sterilizing Catheters by Doctors C. B. Nancrede and W. H. Hutchings, Ann Arbor; and Mydriatics in Refraction of Presbyopia by Dr. O. A. Griffin, Ann Arbor. There are listed fifty-five county societies embracing seventy-one counties with a membership of 1,700. Dr. William F. Breakey was president of the Michigan State Medical Society.
>
> ONE HUNDRED AND SEVEN YEARS AGO
>
> The semi-annual meeting of the medical society of the Territory of Michigan was held at the house of Henry O. Bronson, Detroit, Michigan, June 12th. There were a number present. Dr. William Brown who presided at this meeting was the first president of the society. One of the earliest acts of the Michigan Medical Society was the appointment of an attorney whose duty would be to "prosecute all infractions of the statutes made, adopted and provided for regulating the practice of physic and surgery within this Territory." The early meetings of the Michigan Territorial Medical Society were concerned more with the legal than the scientific aspects of medicine.

A medical journal of distinction, *Annals of Internal Medicine,* admirably edited by Dr. Alfred Scott Warthin, professor of pathology, University of Michigan, is published at Ann Arbor under the auspices of The American College of Physicians. To the December number, 1928, Professor Warthin furnished an article on "The Constitutional Entity of Exophthalmic Goiter and So-called Toxic Adenoma," beautifully illustrated by cuts showing untreated exophthalmic goiter and iodized exophthalmic goiter.

In an editorial in the same number under the caption "Common Sense and So-called Life Extension," Dr. Warthin declares:

> "It is unfortunate that many journalistic statements of the great results accomplished by modern scientific medicine have so emphasized the fact of the increase in the average longevity, from 35 years in 1880 to 42 years in the male and 47 years for the female in 1910, to 58 years in 1920, that they have been led to broadcast prophetic estimations of the power of preventive medicine to bring about still further increases in the average duration of life, to 65 years in 1930, and to 75, 80 and still higher in future decades. One enthusiastic medical lecturer upon this subject has been so wrought by the spirit of euphoric

prophecy as to declare that average life-limits of 125 or even 140 years are not unattainable goals for the human race in the next century or two. Such assertions as these have no scientific foundation, and in fact are wholly contradictory to the actual knowledge we possess in regard to the nature of old age and the natural limit of life in the individual. Moreover, they have had the unfortunate effect of producing in the layman's mind the belief that it is the *individual life-limit* that is capable of extension to such high figures. *Average* is thus interpreted as *individual* particularly in this connection, and *expectancy of life* at any given age confused with individual life limits.

"Further, has any one of these zealous advocates for life-extension ever paused to consider what the effects of an average longevity rate of 65 years would mean to the race and to society at large? The actual truth of such a state of affairs would be the presence in every community of a greatly increased group of dependents, non-productive, useless, more or less uncomfortable and unhappy individuals, who are burdens to others as well as to themselves; and what possible advantage can be gained by increasing so greatly the number of cases of senile "second childhood." For the extension of the average longevity does not mean the deferring or abrogation of senescence—the manifestations of old age will continue to take place in the same decades and in the same years—and the only thing accomplished by the extension of the average duration of life will be ultimately an increase in the number of senile individuals persisting in the community. The *secondary pathology* of old age has been confused with the *normal involution* changes of senescence. We may reduce the dangers and the frequency of the former, but only long evolutionary periods of the action of forces beyond our control can alter the latter process. There has been created a very false conception of old age. Medical writers have considered it to be a *disease, . . .*"

The *Annals of Internal Medicine,* July, 1929, debunked "Youthful Old Age" and rejuvenation in a review of an "extremely superficial" book under the above (quoted) title.

Age "cannot be youthful; it may be cheerful."

Thanks, awfully. (C. B. B.)

"It is the period of chronic fatigue . . . in which one must fight against disillusionment, discouragement or even despair."

Plaster on the war paint, brethren of a certain age. (*Ibid.*)

"Rejuvenation writing in a 'half-baked' way . . . is misleading and even dangerous."

Beware brethren of Voronoff and Steinach, and bear "this last stage" with "resignation, even with a certain degree of cheerfulness." You must submit—don't be misled and don't pretend that one is as young as one feels. Consult the family Bible. (*Ibid.*)

HISTORY OF THE BULLETIN OF THE WAYNE COUNTY MEDICAL SOCIETY†

So far as the writer can learn *The Bulletin* was first published in the year 1902-1903, Dr. George W. Moran being the editor. No copy of this issue is available.

From 1903 to 1906 Dr. L. J. Hirschman was editor. After 1906 publication seems to have ceased until 1909 when Dr. Hugo A. Freund, as editor, and Dr. E. G. Martin, as associate editor, revived the enterprise and showed that it could be made a lively, newsy sheet.

After the year 1913-1914, during which Dr. Martin was editor, publication was again discontinued.

In 1917 *The Bulletin* was again revived under the editorship of Dr. R. C. Jamieson, who served for two years, being succeeded by Dr. Bruce C. Lockwood, who also served for two years. Dr. Harry L. Clark was editor for the year 1921-1922, and Dr. Howard P. Doub for the year 1922-1923.

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†Contributed by Dr. Charles E. Dutchess.

Previous to the year 1923-1924, no bound copies of *The Bulletin* were kept in the Society office. For that reason, the writer is unable to comment on the nature of the publication before 1923. In that year Dr. E. G. Martin assumed the editorship and rearranged the whole make-up, also enlarging the pamphlet to its present size, thirty-two pages, 6¾x10. During this year, and also in the years 1925 to 1927, Dr. Martin was assisted by Dr. Charles E. Dutchess, who served as associate editor. Before this time the business affairs of *The Bulletin,* including advertising, printing, proof-reading, mailing, and all financial matters, had been delegated to the Official Bulletin Publishing Company of Chicago, who handled the work on a percentage basis. This plan, which proved very successful, is still in effect (1929).

During the years 1924-1925, and 1927-1928, Dr. William S. Reveno served as editor without an associate. During the year 1928-1929 Dr. Charles E. Dutchess, as editor, and Dr. A. J. Himmelhoch, as assistant editor, conducted *The Bulletin* along much the same lines as in previous years. During this year all advertising matter was excluded from the front cover and a design displaying the Society seal and portraits of medical notables was substituted in this space. The arrangement of this design was made and the portraits displayed were drawn by Franklin Brucker, a local artist of great ability. At the time this is written (1929), the conduct of *The Bulletin* has just been taken over by Dr. E. C. Baumgarten, as editor, and Dr. Jack Agins, as associate editor.

In review, it appears that chief credit for development of *The Bulletin* in its present form is due Dr. E. G. Martin, various other editors making changes or additions as they wished.

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Chapter XIII

Diagnostic Aids and Therapy

"But keek through every ither man
Wi' sharpened sly inspection."
—BURNS.

The above advice was not given "medically speaking," but is definitely applicable to diagnosis.

CHAPTER XIII

Diagnostic Aids and Therapy—Once Upon a Time

By C. B. Burr, M.D., Flint, Michigan

HERE perception, memory, reasoning and judgment all have opportunity for their fullest activity," declares a book-reviewer in the *Detroit Lancet.*

These have recently been blotted out by the "Behaviorists" and "Clinical Diagnosis" is therefore definitely consigned to the consommé. The tragedy of it! How much better to have lived in the good old days when faculties were faculties and intimately related to bed-side activities.

If there is any such thing as a *fact* in the world, which modern investigation may well lead to doubt, it is that one-third of a century ago it would have been universally accepted as axiomatic, indisputable, that it was then impossible and would forever remain so, to look through a man's body and count his ribs. Now this is a commonplace, and adjustment of fractures as well as the determination of conditions within the body apart from the bony structures are largely influenced by the roentgenologist.

Indeed, the present day physician and surgeon's armamentarium which genius and inventiveness have supplied, is mainly of recent devising and not a few so-called instruments of precision were introduced within the memory of medical men still living. To Garrison's "History of Medicine," to "A Century of American Medicine," to "Medical Life" of 1927, and to journals published in the sixties of the preceding century the writer is indebted for historical material pertaining to divers diagnostic aids, among them:

The Stethoscope

This instrument was invented by Laennec in 1819 and was quite simple in construction. By whom it was first employed in Michigan, reading does not reveal.

"When Laennec made his great discovery, which has revolutionized the study and indirectly the therapeutics of affections of the chest, a variety of stethoscopes were devised to conduct the sounds of that region to the ear of the observer. Most, if not all, of these instruments were clumsy and poorly adapted to the object in view. They gradually fell into disuse. Direct auscultation, by laying the ear directly on the chest, or with a single intervening bit of cloth, yielded a better result than the stiff, awkward wooden tube which Laennec employed, and which Dr. Holmes has so cleverly satirized.

Dr. C. W. Pennock, of Philadelphia, while making his well-known investigations with regard to the heart and its diseases, discarded the stiff wooden instrument and introduced a flexible tube stethoscope. Its advantages were obvious. It did not transmit the impulse, but only the sounds of the heart and chest, to the ear of the examiner. While using this instrument the physician was able to explore the sounds of the heart and the chest undisturbed by any muscular movement. Dr. Cammann, of New York, improved upon Pennock's flexible stethoscope by adopting with some modifications the double binaural stethoscope of Dr. Arthur Leared, of London. This instrument conducts the sounds of the chest to the ear of the auscultator more clearly than any other, and does not conduct the impulse. It is the most serviceable stethoscope that has yet been devised."[11]

Dr. Arthur Leared, of London, exhibited at the great Exhibition in 1851 a double binaural stethoscope which he was the first to devise. Dr. Cammann evidently got the idea of his instrument from that of the London physician, from which it differs in a few particulars.[1]

The Sphygmograph

The "pulsilogium or pulse clock" which "passed into the limbo of forgotten things,"[5] devised by Sanctorius (Venice, 1625), seems to have been the forebear of the above instrument.

Reference is thus made to it in the *Detroit Review of Medicine and Pharmacy,* Volume I, October, 1866, Pages 303 and 304.

"The sphygmograph which is exciting some attention just now is one of those ingenious instruments which have been devised of late years promising really to assist medical men in reducing their art to something like a science. Its inventor, Dr. J. E. Marey, is a Paris physician who is well known for many physiological essays."[4]

The Ophthalmoscope

In a review (September, 1866) of James Dixon's "Guide to the Practical Study of Diseases of the Eye," it is written that "due space is given to directions for the use of, and explanation of, the principle of the ophthalmoscope,"[4] and in announcing the introductory lecture by Professor S. P. Duffield to be given at the Detroit Medical College, February 2, 1869, where "clinical advantages to be enjoyed by students in Detroit are second to none in the West," mention is made of an "important feature" in the eye cliniques (*sic*) of Professor Noyes "in connection with which will be practical lectures and illustrations before the class of the use of the ophthalmoscope and otoscope."[4]

An exhaustive report on ophthalmology was made at the meeting of the State Medical Society, 1886, by Dr. George E. Frothingham. In the reading it was evidently abbreviated, which Dr. Noyes regretted. He said that it went far back into the history of ophthalmic medicine and presented in a very attractive and instructive manner the remarkable advances made especially since the discovery of the ophthalmoscope in the middle of the present century.[12]

The Hypodermic Syringe

Following Thomas Wood's invention of the hypodermic syringe in 1853, various attempts were made to induce local anesthesia by the injection of narcotic substances.[8] (Carl Ludwig Sleich.)

Hypodermic medication early sprang into popularity, and seems to have been taken up with far greater interest than was the clinical thermometer, but Dr. S. P. Duffield takes occasion to drop a word of warning as to the possible abuses attending its employment. He writes, "Of late years, a system of introducing remedial agents into the circulation more rapidly than can be done through the agency of the stomach, bids fair to place in the hands of designing persons a power which has never before been possessed by any within or without the profession of medicine. I refer to the system of hypodermic injections becoming now so deservedly popular with the regular medical profession."[4] (1867.)

"Since the year 1858 [*sic*] when Dr. Wood brought forward the hypodermic method of administering morphia, the plan has been extensively tried."

The foregoing appears in the *Detroit Review of Medicine and Pharmacy*, Volume I, Page 64, in which is also reprinted from the *London Lancet* experience in the employment of a "strong solution of quinine for the cure of intermittent and remittent fever by the method of subcutaneous injection."

Dr. A. B. Palmer alludes to this form of medication very briefly and tentatively in discussion of "Cholera."

"The chlorate of potash would here be suggested as supplying oxygen to the blood and improving the condition in other respects and *quinine* if not well borne or appropriated by the stomach may be tried *hypodermically*. These means used in the manner as already stated I have not tested by experience, but they are strongly suggested on rational principles."[4] (1866.)

"Hypodermic Injection" is the basis of a lengthy editorial in the *Detroit Review of Medicine and Pharmacy* for May, 1870. "It has passed through the various stages of suspicion, enthusiastic adoption, absurd extreme in its application, and finally of distrust in the minds of extremists, and now has taken its place as a most valuable method of exhibiting certain remedies within proper limits," declares the writer who meticulously indicates its dangers. The point is made that "the hypodermic administration of morphia places the control of the case beyond the physician's power." Its value is fully appreciated. "We apply it constantly in practice." "It is a boon of incalculable value to sufferers when used with care and skill, and it is equally a power for evil when the possible dangers are not taken into account and guarded against."[4]

"Not Aladdin's lamp was more wonderful to my juvenile mind than is the hypodermic syringe to my adult state," writes Dr. Z. C. McElvoy of Zanesville, Ohio, in 1869, on "The Hypodermic Syringe in Obstetrics."[4]

"Neither Keen nor Tyson saw a clinical thermometer or a hypodermic syringe during 1862-1865. Billings, however, in taking care of the wounded from the seven days before Richmond (1862) had provided himself with both."[5]

Dr. J. Van Der Laan of Muskegon in a paper (1899) on "Cyst of the Pancreas following Trauma" denounced the use of the exploring needle and hypodermic syringe as "a means of diagnosis in any obscure abdominal affection." He regarded the dangers as "overwhelmingly against their employment."[12]

Dr. Graves, though he had "the misfortune to hail from Grand Rapids" (the meeting was held in Kalamazoo), felt called upon to say something. Dr. E. L. Shurly, the president, indulged him on the ground that it was Friday.

The Clinical Thermometer

"In the Middle Ages, the sensitive, naked foot was used as a sort of clinical thermometer."[5]

Sanctorius in 1638 "constructed and advocated the use of a thermometer in the diagnosis of disease . . . nothing more was done until a century afterward."[8]

"Interesting remarks" have been made by other Southern Governors beside those of the Carolinas. It appears that about the time (eighteenth century) Governor Ellis of Georgia, describing the great heat of the country, said, "a thermometer hanging at the end of my nose would often stand at 105 degrees while in close contact with my body I could never get it above 98 degrees."[8]

Dr. Archibald Arnott, one of the physicians of Napoleon, "took the temperature of the ex-emperor on April 3, 1821, when he was taken ill at St. Helena."[8]

In December, 1852, Spurgin, of Cambridge, published a paper describing a thermometer of his devising.[8]

Dr. Samuel G. Armor of the Michigan University, writing in 1867 on the "Therapeutic Uses of Cold Water," gives the natural body-heat as 96 degrees F and cautions against the use of cold water externally when there is any sense of *chilliness.*" In some forms of fever "it is our best and most grateful febrifuge," and cold affusion, ablution or sponging is recommended. "In our bilious remittent fevers especially in their early stage, the skin above 102 degrees or 104 degrees it [temperature] must be reduced."[4] He makes further recommendation of the use of cold water in typhus or typhoid fever, but there is no reference to *degrees* of heat as disclosed by the thermometer.

It would be interesting to know what kind of thermometer he employed in ascertaining the skin heat.

Dr. J. H. Beech of Coldwater records (1867) in "Puerperal Peritonitis treated Hypodermically with Morphia," "temperature normal."

Dr. Charles L. Dana wrote, in 1924, of Dr. Edouard Seguin of New

York whose attention had been theretofore mainly devoted to the nature and methods of educating the mentally defective that "about 1870 he became interested in medical thermometry." It is evident that everywhere in this country enthusiasm in the study of temperature in disease was slow in taking root.

And Dr. Seguin's efforts toward systematic temperature registration are rather flippantly treated as late as 1880. "Dr. Seguin, it may be known, is a thermometrician and he quite naturally, from his long attention to the little glass tube, has come to regard it as an instrument of unwonted importance in medicine."

To be sure, Dr. Seguin had laid himself open to criticism by advocating the use in every household of a clinical thermometer with "the ordinary degrees left off and the temperature of health indicated by a cipher. From this starting point he would move up and down." Follows a tabulation of "degrees above" from "7, no recovery," to "0, normal standard of health." "Degrees below" from "½ sub-normal" to "5 none known to recover except in cholera."

As a substitute for this a scheme is proposed from "give nothing—bound to die 7, 6," through "give ice bath 5," gelsemium "large dose," "small dose," "acetate of ammonia," "bitartrate of potassium 1½" to "give nothing, 0."

As to degrees below, "warm drinks" are suggested for ½ and "ginger tea," "capsicum" "cantharides and external heat" for 1, 2, and 3, respectively. At 4 and 5, "give nothing—bound to die."[9]

"Effect of Alcohol on the Animal Temperature" was the title of a paper by H. S. Cheever, M.D., of the University of Michigan, read in November, 1870, before the Washtenaw County Medical Society.

"The temperature was taken every fifteen to thirty minutes by holding the thermometer (Fahrenheit's) under the tongue, with the lips closed, for a period of five minutes each time."[13]

However, in a "Case of Peritonitis" reported by the same author,[13] although there is allusion to "fever," there is no record of temperature.

About 1865, Aitken introduced his clinical thermometers which first began to be used as a novelty in the wards of the English hospitals in 1866 and 1867. They were formidable instruments about 10 inches long and took five minutes to register the axillary temperature and were carried under the arm like a gun.[8]

Clifford Allbutt was the *first to originate the present short* instrument in 1867.[8]

"The treatise [by Wunderlich, 1868] is a masterpiece" and "the very foundation of our present clinical thermometry."[5]

"Clinical thermometry was popularized in the United States by Edouard Seguin's books of 1873 and 1876."[5]

Now, as to its appearance in the Middle West. As early as 1872 a crude "fever thermometer" was in use at the Michigan University medical department. Concerning this instrument, Dr. J. W. Handy of Flint writes as follows:

"First saw 'Fever Thermometer' used in the year of 1872 and it was formed with a right angle at the mercury end; the short arm carrying the mercury and extending into the patient's mouth about one and one-half inches, the long arm extending upward about three inches by the side of nose, and back, and attached to it, was a bone of ivory plate on which were printed the degree markings, which had to be observed and noted while yet within the patient's mouth, the Physician usually sitting in front, and watching the rising column during its excursion. There was no fixed register.

"The instrument was carried in a neat leather covered and velvet lined case in the bottom of which was sunken a receptacle to fit and protect the 'delicate instrument.'

"After this came the self-registering instrument to be followed later by the magnifying, triangular stem, which was considered quite a treasure by its possessor, and costing a pretty price compared with the 'common' type which made considerable difference to the newly fledged healer. Some of these early types were marked for five minutes in lieu of our present half minute actors."†

This was in 1872, but its practicability as a diagnostic aid might have been apparent to the readers of the *Detroit Review of Medicine and Pharmacy* at least six years before this time. In the August number, 1866 (Volume I), of that journal is reprinted from the *Cincinnati Journal of Medicine* an article by Dr. J. C. Reeve on "The Thermometer in Tuberculosis," from which the following quotation is made:

"Among many recent advances in medical science the application of the thermometer to the diagnosis and prognosis of disease is second to no other in interest or importance. Investigations as to the variations of the bodily temperature in health and in different diseases have yielded most surprising results. It has been found that while the temperature of health is fluctuating, the rise and fall are very regular at certain periods of the day, and the range is quite limited, averaging 98.4 degrees Fahrenheit; it may fall to 97 degrees or rise to 99.6 degrees without indicating disease, but above and below these points, the instrument more surely indicates that disease is going on in some organ of the body than any other sign, and is a certain proof of the fact whether the usual symptoms are present to indicate the disease or not, as we shall presently show. But it is principally by a rise above the normal standard that disease is shown; inflammatory diseases mark from 101 degrees to 105 degrees and even upward; approaching dissolution is generally indicated by a decided rise in temperature."

A plain, conservative and intelligent statement certainly, but were the readers convinced? By no means. Not all of them at least. Why should dear old Dr. William Brodie, who had carried on during Civil War service without this trifling toy, accept it as worthy of notice? He didn't and was accustomed years later to say that he could trust his hand in determining the existence of fever.

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†Personal letter. September 27, 1927.

In the entire Volume I of the *Review,* this mention by Dr. Reeves of a temperature *record* is the only one encountered on diligent search. Though there is frequent reference to "fever," "some constitutional disturbance," "dry hot skin," pulse rates, et cetera, in excellent articles throughout the volume on "Acute Meningitis," "Pelvic Cellulitis," and others in which temperature is important in symptomatology, in none is there indication of a thermometric record, not even by Dr. E. P. Christian, who writes of zymotic diseases, or by Dr. A. B. Palmer, who discusses cholera lengthily and carefully. Nor does Dr. T. A. McGraw, who describes a fracture case showing "high fever," disclose the degree of temperature.

Indeed, temperature taking did not, as far as printed records reveal, widely "take" with the profession of three score years ago. Obviously, it could not be considered "popularized," as Dr. Garrison declares, earlier than 1873. Think of it! And the writer of this was born into the profession a brief five years thereafter.

In Volume II of the *Review* (1867), the first and only definite mention of clinical thermometry by a Michigan physician is that made by Dr. Armor, already quoted.

The only allusion to "temperature" discovered in Volume III (1868) of the *Review* is an excerpt from the *London Lancet.* The thermometer, in England and elsewhere, was regarded important earlier than in this country.

In a case of double ovariotomy operated on by Dr. Jenks in September, 1869, there is recorded temperature varying with the pulse from 97 degrees to 103 degrees. Recovery followed.

The technic of the operation, as revealed by Dr. Jenks' paper, would greatly interest present day gynecologists.[4]

In 1873 temperature records became more frequent in medical literature, but though Dr. Lyster reports a case of cerebro-spinal meningitis with "retraction" of the head 90 degrees (*sic*), he makes no mention of temperature except "the temperature was not apparently elevated . . . the actual temperature was not taken." Dr. Shurly records temperature in "Scarlatina Latens," and Von Petershausen mentions it in a case of typhoid with diseased condition of the fundus oculi.[4]

To Dr. Leartus Connor must apparently be accorded the distinction of having earliest recorded the results of its *systematic* use. In an article in the *Detroit Review of Medicine and Pharmacy* on "Typhoid Fever," he writes, "Temperature is constantly high—from 100 degrees to 106 degrees F. as observed in the axilla," and later on, "pulse 106, and full temperature 104."[4] (1871.)

Dr. Cleland discussing phthisis, before the Detroit Academy of Medicine in March, 1878, found "puerile respiration" a frequent physical sign, and "elevation of temperature without traceable cause as one of the surest signs in the early stage of the malady." Dr. Noyes remarked that "years before we had the thermometer to aid us in diagnosis the sign of greatest value was a prolonged, roughened and jerking expiratory murmur. Dr. Johnson mentioned "disturbance of circulation under the nails," and Dr. Connor revealed that in "phthisis of the upper portion of the left lung the appetite for fatty food was lost much sooner than when the same part of the right lung was affected"—this due to pressure on the thoracic duct.[3]

"In this case with an absolutely normal temperature throughout its course, we had acute general inflammation of the peritoneum, in which all the symptoms were well marked, excepting fever, which did not appear, even with the arrest of suppuration; nor did the presence of a large amount of pus cause a rise in the temperature."[12] (Dr. C. H. McKain of Vicksburg, 1889.)

Interesting matter, the above, as showing how a handicap in diagnosis has been overcome through blood count.

Dr. H. M. King of Grand Rapids read in 1899 to the State Medical Society "A Preminiary Report on Non-Septic Post-Operative Leucocytosis."[12]

The investigation was undertaken at the request of Dr. Boise of Grand Rapids because it had occurred to him that "an early increase in the leucocytes might be a very valuable indication as to post-operative sepsis."

The Laryngoscope

The laryngeal speculum is discussed in an article reprinted from the *Richmond Medical Journal* in Volume I of the *Detroit Review of Medicine and Pharmacy*. It "appears to be a happy modification of the ordinary laryngoscope which it simplifies greatly. It bears a resemblance to M. Cusco's vaginal speculum and is composed of an upper and a lower valve."[1]

Anesthetics

Dr. Zina Pitcher reported marked improvement in a case of epilepsy following ligation, in 1849, of the common carotid artery. Neither the aura nor the "grave and convulsive forms of the disease returned, the patient's temper was improved and his appreciation of existence greatly enhanced."

"Having, at the time of the operation," writes Dr. Pitcher, "no friend accustomed to administer anesthetics, I availed myself of the services of Dr. J. B. Brown, now of the U. S. Army, by whom the artery was tied."[10]

It will be observed that the above operation was but three years after "the first public demonstration of surgery without pain," which was "given in the Massachusetts General Hospital in the presence of the surgical and medical staff in the crowded amphitheatre on October 16, 1846." ("Anesthesia"—Gwathmey.) The inference is permissible, but it is by no means conclusive, that Dr. Pitcher himself gave the anesthetic.

Dr. J. H. Beech of Coldwater writes in 1853 for the *Peninsular Journal of Medicine* an article on "Use of Anesthetics in Rigidity of Perineum in First Labor."[10] At times he used chloroform, at others, ether.

Dr. H. O. Hitchcock analyzed, in 1859, the symptoms of thirty-three persons dead from chloroform, coming to the conclusion that death from chloroform "begins at the heart while carbonic acid affects much more the lungs," and that "there is no evidence from the similarity of symptoms and post-mortem appearances . . . to warrant us in concluding that the efficient agent in chloroform and anesthetic ethers is identical with carbonic acid."[10]

"The four American claimants of the discovery of anesthesia were Jackson, Long, Morton, and Wells. The fate of these men was quite unfortunate. Long died in 1878, very little known and a poor man. Morton, having been reduced to poverty during the twelve years in which he tried to obtain from Congress and the courts a recognition of his rights, died suddenly in New York City of cerebral congestion, brought on by reading a work attacking his claims. Wells' mind failed in the fierce controversy, and after his arrest in New York for throwing vitriol on women's clothing, he destroyed himself. Jackson died August 30, after seven years' illness, during which his mind was clouded between agitation and disappointment."[3]

Dr. Donald Maclean was an ardent advocate of chloroform as an anesthetic. When this reviewer was a student in Ann Arbor in the winter of 1876-1877, chloroform was in exclusive use in Dr. Maclean's clinic. The following winter in New York he found this drug in infrequent use, ether being the favorite. Dr. Maclean's assistants were indoctrinated with the same view. Dr. T. J. Sullivan, one of these, read a paper on the subject of chloroform administration at the meeting of the State Medical Society, 1886. Among other things he said, "I have never yet, in my experience, met with a patient to whom it was impossible to administer chloroform."[12]

Dr. Oliver McGillicuddy, instructor in otolaryngology, University of Michigan, wrote in June, 1928, of "Local Anesthesia and its Fatalities":

"1. Statistics regarding fatalities due to local anesthesia are unreliable, with the exception of those by conscientious investigators such as E. L. Mayer.

"2. Many fatalities are due to careless use of cocain and its substitutes.

"3. There are individuals who sudenly die from shock or fright before an anesthetic has been administered.

"4. Man's reactions to drugs are frequently different from those of laboratory animals, some individuals seeming to have a susceptibility to certain of the local anesthetics.

"5. As Mayer has stated, 'accidents occur with more recent synergistic anesthetics as well as with older agents, symptomatology similar in all.'

"6. The exact cause of death in these cases is not known.

"7. Administration of sodium or phenobarbital before operation seems to do away with many of the symptoms, such as faintness and nausea, that followed a preoperative injection of morphin. According to some observers it prevents signs and symptoms of cocain poisoning.

"8. Choice between cocain and its chief prototype, novocain, or any of its substitutes, depends on an accurate knowledge of the toxic, destructive and anesthetic properties of the drugs in question.

"9. Cocain has been indiscriminately used and unjustly condemned in many instances. Applied or injected carefully and intelligently, it has been justified by the experience of an imposing list of authorities in local anesthesia."[6]

The 1846 demonstration was widely received with the customary shrug of shoulders, not to say a shower of paving bricks and journalistic missiles.

The following are excerpts from an article published in the *Bulletin of the Wayne County Medical Society* of December 31, 1929, by Dr. Daniel P. Foster, entitled "Contemporary Comments on the Discovery of Ether Anesthesia":

> "How strange the immediate statements of the medical journals sound today. Henry J. Bigelow, one of the surgeons of the Massachusetts General Hospital, in the April number of the *Boston Medical and Surgical Journal* for 1848, writes, 'It has been well said that the first attitude of the world towards a great discovery is incredulity and then hostility; and this is well exemplified in the reception of this announcement at the South. Three weeks elapsed before any notice of the subject appeared. Then came the doubts of those sagacious and experienced philosophers who were not easily to be deceived.'
>
> "In January, 1847, a New York medical journal announced that 'the last special wonder has already arrived at the natural term of its existence. It has descended to the bottom of that great abyss which continues, alas, to gape until a humbug yet more prime shall be thrown into it.'
>
> "The *New Orleans Medical Journal* says, in the same month, 'that the leading surgeons of Boston could be captivated by such an invention as this excites our amazement.' Why mesmerism, which is repudiated by the savants of Boston, has done a thousand times greater wonders."

And Philadelphia sounded a warning.

Dr. Louis J. Hirschman recapitulates, as follows, the reasons why local in place of general anesthesia should be performed where practicable:

1. It is safer.
2. It can be performed more rapidly.
3. Shock is absent.
4. Fewer assistants are required.
5. After-pain is absent.
6. Patients can take nourishment immediately.
7. Recovery is hastened.
8. Convalescence is shortened.
9. There is no fear of anesthesia.
10. Less handling of the tissues means less danger from sepsis.
11. The mental attitude is better toward local than general anesthesia, which materially assists in his convalescence, and in a ward is reflected on his fellow patients.
12. Post-anesthetic complications are absent.[6] (1919.)

Dr. Hazelwood of Grand Rapids believed at one time, as did many another, that "as an anesthetic chloroform has, undoubtedly, many advantages over sulphuric ether," and that "in the hands of a competent administrator it is equally safe with sulphuric ether," and that *many* deaths "attributed to chloroform can be justly laid to ignorance or carelessness, or to the impurity of the drug used"[3] (1880).

THE CYSTOSCOPE

Dr. F. W. Robbins of Detroit and Pasadena gave a paper to the Michigan State Medical Society in 1895 on "The Cystoscope and its Limitations as a Diagnostic Aid."

Dr. Robbins was a frequent contributor to the Transactions of the Michigan State Medical Society ("Hematuria," 1896). He was chairman of the surgical section in 1897.

THE MICROSCOPE

Detroit Review of Medicine and Pharmacy, Volume I (1866), Page 65, reprints an article by Dr. J. C. Dalton, the renowned physiologist of New York, which states that "the introduction of the binocular or double-barreled microscope has been attended with some advantages in the practice of microscopic examination."

Dr. George Duffield exhibited in 1884 (May 5) to the Detroit Medical and Library Association, "a microtome imported from Leipsic."[7]

Dr. Carstens exhibited, microscopically, a section of a polypus, prepared by Dr. George Duffield, and called especial attention to the columnar epithelia, and the long cilia which lined the tubules of the polypus." He said that these cases were rare.[7]

At the succeeding meeting Dr. Duffield read a paper on "The Microscopical Changes in the Kidney in Cases of Bright's Disease."[7]

THERMO-CAUTERY

Dr. A. B. Lyons displayed to the Detroit Academy of Medicine in November, 1879, "a new thermo-cautery, which is used as a substitute for the electrode of the galvano-cautery . . . The points are of platinum and are heated by throwing a vapor of naphtha upon it with this double bulb vapor producer."[3]

PHOTOGRAPHY

Under the caption "Medical Photographers," an editorial appeared in the *Detroit Clinic,* 1882, on "A New Invention," which "has been given to the public, which we think is destined to be of great use . . . The process is described as the dry plate method."[2]

TRANSILLUMINATION

"Transillumination of the Stomach with Demonstration on the Person" was the title of a paper by Dr. C. D. Aaron read at the State Medical Society meeting in 1898. He makes the interesting statement that the "new science" (of gastroenterology) has rendered service to the profession since 1875. However, the work of its principal exponent in Michigan, Dr. Aaron himself, is of a much later period. It will be a source of surprise to many readers to know that Milliot transilluminated the stomach in 1867.

Dr. Aaron gives in detail the conditions in which it may be made a "valuable adjuvant" to diagnosis.[12]

Popularizing of the use of the stomach tube in "Chronic Dyspepsia" is also due largely to Dr. Aaron.[12]

OLD TIME "COUNTER-IRRITATION"

Scarification as a preliminary to wet-cupping and as a means of local administration of medicine was much in vogue with the earlier physicians. Dry cupping was also employed, and frequently gave relief to neuralgias and painful conditions connected with the muscular apparatus, for example, lumbago. Elsewhere herein there is mention of the endermic administration of morphia by Dr. Van Horn. Dr. A. B. Palmer recommends dry-cupping along the spine in cholera.

Acupuncture was another measure of relief to local pain. It was given from a circular instrument containing essential stimulating and irritating oils which found access to the surface by following the course of numerous sharp-pointed needles.

Dr. H. F. Sigler of Pinckney reports in *Michigan Medical News,* Volume II, 1879, Page 9, the successful treatment of nevus by the following method. "I procured a cork the size of the tumor into which I inserted several fine needles, letting the points project one-eighth of an inch. I then immersed the points of the needles in pure croton oil and plunged them into the tumor. A little swelling followed, and several vesicles formed soon after. The second day a crust formed over the whole tumor. This was repeated three times, at intervals of five days and no other treatment was required."[9]

I haven't heard of "dry cupping" for years, but it might be even now occasionally useful, for example, in "back-ache."

And as for "leeches"—a flock of them once saved a head for this History. Please avoid any comment to the effect that their efforts were feebly rewarded.

THERAPEUTICS

One cannot fail to notice in reading old time medical journals the extraordinary amount of attention paid to therapy, the systematic use of drugs for specific symptoms, the careful prescription writing. This is particularly true of the *Detroit Review of Medicine and Pharmacy* which would naturally feature the medicinal side. It is also conspicuous in other publications, the Transactions of the State Medical Society for example, and "it gives to think." Is the profession availing itself as fully as is expedient of the accumulated knowledge respecting the use of drugs of simple preparation and known efficacy or is it hypnotized by the pharmaceutical refinements of recent years, the synthetic preparations and their attractive coatings and containers?

"Medicine has nothing to do with *principles* outside its own domain," quotes the *Medical Age* from the *Lancet.* "It may be desirable in many cases to avoid stimulants, but their avoidance ought not, in fact *cannot* in any scientific sense—be a matter of principle. If asylums are to be 'worked on temperance principles' other institutions of the class will before long 'be worked' on 'vegetarian principles,' and perhaps in the future, when that fashion which so much governs the progress of events, has taken another turn, there will be asylums 'worked on alcoholic and carnivorous principles.' "[7]

Dr. H. E. Smith of Detroit "had used the muriate of cocain in four cases of painful ulcers of the leg, which, before the application, all remedies, however mild, had irritated excessively. After the application of the drug chromic acid could be applied without causing pain."[7] (Proceedings of the Detroit Medical and Library Association, 1885.)

Dr. C. H. Lewis of Jackson contributed to the *Detroit Lancet*, 1879, an article on "Belladonna in Poisoning by Opium."[3]

Dr. H. B. Hemenway of Kalamazoo discussed the familiar subject of constipation at the meeting of the State Medical Society, 1887. He inveighed against the frequent use of cathartics and enemata and noted what has occurred to many another that cascara sagrada had been much praised, but was in his judgment overrated.

Dr. Green in discussion suggested the drinking of large amounts of water.[12]

A quieting, if not convincing, reply was given Dr. Lauderdale in the meeting of the Detroit Medical and Library Association, October 20, 1879. He inquired of Dr. Carstens, "Why chlorate of potash was indicated in [his] case?" "Because it had been successfully used."[3]

Post hoc or *propter hoc* or *in hoc* or *ad hoc*—Which?

Dr. Hal C. Wyman of Detroit found "the topical application of fresh stramonium leaves to excel all other treatment heretofore employed by him for the relief of the pain of joint disease, of whatever nature."[7] (Quotation from *Medical Record.*)

Dr. William Fuller of Grand Rapids mentioned, in 1896, "intravenous infusion of one to three quarts of salt water, a teaspoonful to the quart at a temperature of 120° in sufficient quantity to give a good volume," as "a means of overcoming the effects of shock and hemorrhage." He had often witnessed . . . beneficial result."

In rather careful reading of surgical papers this is the first mention the writer has discovered of the use, of this soon to be popular remedy, by a Michigan surgeon.

Dr. W. W. Elmer of Bay City read at the meeting of the State Medical Society, in 1886, a paper on the action of veratrum viride in puerperal eclampsia.

He regarded this drug as a prophylactic, and said that given judiciously it would meet your most sanguine expectations; said its action was to relieve by a specific effect on the nervous and muscular systems without destroying sensibility—a desirable result in itself.[12]

Antiseptics

In 1887, Dr. F. J. Groner of Big Rapids said, "No surgeon is justified in operating on a patient without giving him the benefit of every antiseptic precaution." Dr. H. O. Walker said, "Even antisepsis is not always 'cock sure,'" and Dr. T. G. Huizinga of Zeeland drew attention to the difference in physiological action between carbolic acid and mercuric bichloride. The latter coagulates albumen, thus assisting in the arrest of hemorrhage. This was by far the most preferable antiseptic.[12]

Dr. DeCamp of Grand Rapids admitted that he "had been one of the unclean." "He wondered, considering the virulence of the microbes, and the dangers to which people were subjected, that there were any people living in the United States. He thought that microbes did not grow unless they had appropriate conditions. The attitude of the surgeon should be to look-out for conditions. Be very careful of bruised tissue."

Dr. E. L. Kimball said that antiseptic surgery has revolutionized the hospital, and Dr. Maclean said he had very much enjoyed the debate. He mentioned the fact that a great many operations were done by persons unsuited to operating. "Anesthetics had made the number of surgeons legion."

The foregoing discussion, as will be noted, took place at the meeting of the Michigan State Medical Society in 1887. Antiseptic surgery was then in its infancy. Just a decade before, namely in the winter of 1877-1878, the writer first saw, in New York, the Lister spray in operation. Previous to that time students had been taught to distinguish three varieties of pus: (1) Ichorous, (2) sanious, and (3) laudable. Numbers one and two were regarded objectionable, reprehensible, outside the pale of polite wound society. They were of types related to and exuding from indolent ulcers—serous, perhaps fetid—of picturesque coloring, greenish, or reddish from blood admixture. If appearing in surgical cases during the Civil War, maggots were welcomed as assistants in wound sanitation. A veteran surgeon made to the writer this remarkable statement.

On the other hand the presence of good and praiseworthy pus—thus mentioned by the pedantic Latinist teacher, *"bonum et laudabile,"* gave promise of a happy issue out of the soldier's affliction.

Flies and fortitude accomplished wonders in times agone.

Dr. V. C. Vaughan must have been one of the earliest (1886) to employ tincture of iodin antiseptically. In the treatment of a case of abscess of the lung, in which he had at first used carbolic acid and iodin, the latter in dilute solution, he later injected nearly two ounces of the undiluted tincture and closed the orifice with antiseptic cotton.[12]

Diadermic Medication

Dr. J. V. Becelaere of Detroit discussed "Diadermic Medication" before the Detroit Medical and Library Association in 1891. In connection therewith he refers to "iatroleptic [mercurial inunction], entodermic, intradermic and hypodermic medication," and hopes to see the term diadermic "restricted to the inclusion of a certain amount of a soluble drug in any artificial cavity, and to subcutaneous hypodermic or parenchymatous injection of a medicated solution."

His desire has been more than realized. Diadermic and desuetude both begin with D.

Suppuration having been previously reported by Drs. Stoner, Carstens and Maclean, following diadermic injections of mercuric bi-chloride—apparently a paradoxical condition—the author is "somewhat unwillingly compelled to admit the existence of *sterile pus.*"†

Among the advantages of this method of medication are "the absence of organoleptic impressions," which is certainly an impressive word in its favor.

Award

Dr. Victor C. Vaughan was awarded in 1928 by the Association of American Physicians "the Kober medal for general distinction in medical work."[6]

A Sugar-Coated Approximator

The following is an excerpt from a biographical sketch of William F. Metcalf, M.D., of Detroit, published in Ross and Catlin's "Landmarks of Wayne County and Detroit," Pages 63 and 64, Part II:

"In February, 1896, Dr. Metcalf gave a four days' postgraduate course in the Detroit Sanitarium for the purpose of illustrating the relation of surgery to the sympathetic nerve system. He gave a similar course at the Grace Hospital in October, 1897. These courses were largely attended by the surgeons of Michigan. Besides suggesting many modifications in operative procedures, he is the author of a method of intestinal anastomosis by means of a sugar-coated approximator, by which the operation is simplified and the time required for its performance greatly reduced. Among the monographs written by Dr. Metcalf the most important are: 'Reflex Disturbances Attributable to Chronic Cervical Endometritis' (1892) 'The Sympathetic Nerve System' (1894); 'Treatment of Habitual Constipation' (1895) and 'Surgical Relations of the Sympathetic Nerve System' (1896). He is the inventor of several surgical appliances now in general use, among them a needle for the immediate repair of the perineum, a self-restraining perineal retractor and gut-forcep."

Roentgenology

Dr. W. H. Sawyer of Hillsdale read a paper before the Hillsdale County Medical Society on "Our Experiences and Limitations with the X-ray," in April, 1921.[6]

Dr. Sawyer is one of the martyrs to early roentgenology in Michigan. He has a severe dermatitis of the hand of nodular character which has given specialists acquainted with similar cases, much concern.

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†Italics are the reviewer's.

"Abdominal angina" concerning which "there are many diagnostic pitfalls in the X-ray examination of the gastro-intestinal tract . . . mostly bridged by the clinical history of the case" was discussed in a paper by Dr. A. W. Crane of Kalamazoo (1921).[6]

It may well be believed that histories suggestive of gall-stones, gastric or duodenal ulcer, appendicitis, gastric crises of tabes, angioneurotic edema, pancreatitis, complicate the diagnosis.

Dr. W. H. Marshall of Flint had seen a typical case of this disease and tried the therapeutic test of the nitrites, from which the patient received relief from pain.

Dr. Freund of Detroit spoke of the differences in fluctuation in blood pressure between this and angiospasm of the abdominal vessels.

There are evidently pitfalls and pitfalls. Dr. James T. Case, the accomplished roentgenologist of the Battle Creek Sanitarium, records sources of error in a well written and beautifully illustrated article in the *Battle Creek Sanitarium and Hospital Clinic,* April, 1929, on "Some Pseudo-Vesicular Shadows and Other Pitfalls in Gallbladder Roentgenology."

From "Roentgenology in the Practice of Surgery," by Dr. James T. Case, Battle Creek:

> "As to foreign bodies, one has only to consider the Great War with its millions of foreign body localizations and extractions by methods so numerous that more than two hundred localizing procedures were published during the first three years of the conflict, to realize what a boon to mankind has been this earliest application of the Roentgen rays. And to the list of opaque foreign bodies formerly discoverable have been added a number of non-opaque invaders of the human organism, such as non-opaque concretions in the alimentary tract, such as trich- and phyto-bezoar, stercoliths, cholesterin gallstones, pure uric acid urinary stones, soft concretions in the appendix, and even some of the larger intestinal worms.
>
> "In fractures and dislocations, not only is it almost malpractice to attempt a complete diagnosis without the radiogram, but in therapy its use is indispensable in checking the correctness of the replacement. No modern surgical institution for the treatment of bone and joint injuries can be called complete which does not include provision for fluoroscopic control during the surgical manipulations, and frequent check at the bedside by portable apparatus.
>
> "In the field of gastroenterology and urology, the unfolding of diagnostic radiological possibilities has taken place mainly through the placing of opaque media within the viscera under study. In this development several important eras may be noted. The first one, beginning as far back as 1897 with the work of Cannon and Williams, was characterized by the introduction of the opaque meal in gastrointestinal diagnostics, although six years later general appreciation of the wonderful potency of this means in gastrointestinal diagnosis had advanced so little that thirty-six words sufficed to describe its value in a surgical text-book of more than half a million words."[6]

An illustrated article of great historic, artistic, and technical interest was published in the *Journal of the Michigan State Medical Society* in 1929 by J. H. Dempster, M.D., of Detroit.

Dr. Stuart E. Galbraith (1873-1929) of Pontiac was graduated from the literary and medical departments of the University of Michigan. He was a son of the forceful and resourceful F. B. Galbraith and on graduation practiced with his father, succeeding him on his death. He was one of the first to specialize in roentgenology and worked untiringly and successfully in this field; enjoyed the entire confidence of the profession and public.[6]

Dr. Ray Connor of Detroit wrote of "The Giant Magnet in Ophthalmology." He records the history from its use in 1858 and refers to a paper by Dr. Leartus Connor on the same subject in 1905. He reports many interesting cases. The paper is learnedly discussed by Dr. Don M. Campbell, who said the author was to be congratulated on the small number of eyes which had to be enucleated. "Three out of twenty-three is small in the industries, and stands out in contrast with Bull's, where none retained useful vision. I believe there is an opportunity to improve our results in that way."

He further said, "The use of the giant magnet is not confined to the removal of the foreign body. It is also a valuable means of diagnosis by the production of pain by exposure. This will often give evidence of a foreign body, and sometimes by the movement that can be felt an idea can be had as to the situation of the foreign body.

"The X-ray is of great value. There may be a margin of error as to the exact location sometimes, but I suppose that in the past twenty years that Dr. Hickey has localized for me, and there have been several hundred cases of foreign bodies in the eye, I have yet to see many cases in which that diagnosis has not been accurate, both as to the presence and the locality. Considering all the years in which we have failed to locate with accuracy, it is of paramount importance."[6]

A Warning from Dr. E. L. Shurly†

"The progress of sanitary science, for which the laudable self-sacrifice of the medical profession deserves credit, shows grand results in preventing the spread of disease and establishing better regimen. I believe, however, that some over zealous disciples are inclined to advance too far beyond the lines of the procession, and should be warned from time to time by the general medical public. Notwithstanding the great achievements of the laboratories, and other special departments, our art must practically rest upon the clinician who must possess not only an extensive knowledge of, medical and physical science, but of the diverse mental propensities of humanity. It is the clinician who must test and measure the theories of observations offered by other departments. The laboratory can propose but the practitioner must dispose; not by routine conclusions nor subservient acquiescence, but by philosophical reasoning upon the phenomena presented in each case of disease. One may diagnose typhoid fever or tuberculosis by microscopic or biologic methods, but the specific conditions in their relations to the individual, and the therapeutic indications growing out of such, must be made out by the medical artist—the clinician. Therefore we ought not to abandon too readily the methods of our medical forefathers in the careful comparison of the symptoms, signs and observations presented by disease; for the time has not yet arrived when demonstrations or instruments for examination can wholly replace clinical history and the art of reasoning by exclusion for reaching the diagnosis and management of disease. Yet one must by no means underrate the value of modern methods and instruments for diagnosis. For example the chemic and miscroscopic examination of the blood and other fluids of the body are most important adjunctive measures of differential diagnosis, especially in such diseases as intermittent or remittent fever, anemia, Graves' disease, Addison's disease and other dyscrasiæ."

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†Annual Address on Medicine, Dr. E. L. Shurly, State Medical Society, 1897.

Uplift in Prescription-Writing

To those of the present generation, superior to the blandishments of pharmacutical chemists, and still addicted to prescription writing, but shying at the metric system, and in possession of five cent pieces, the following from the *Scientific American* (1880), quoted by the *Medical News* (Volume III, Page 89) may be helpful. "A five cent nickle [*sic*] measures in diameter two *centimeters* and weight five *grammes.* Five of them placed in a row measure a *decimeter,* and two weight a *dekagramme.* As a *kiloliter* is a *cubic meter,* the key to the measure of length is the key to the measure of capacity.[9]

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Chapter XIV

Prevailing Diseases and Epidemics

"Ills that flesh is heir to."

"Too much theory in practice is
as bad as too much medicine."
—Dr. Wm. H. DeCamp.

CHAPTER XIV

Prevailing Diseases and Epidemics

By C. B. Burr, M.D., Flint, Michigan

THIS chapter is, in all conscience, long enough although it covers but a small portion of the field implied in its title. Elsewhere will be found, time and again, reference to diseases, to medical and surgical accomplishment, to papers and discussions in medical societies. Here, but a few of the lofty elevations otherwise known as "high spots" are featured.

"Healthy" is but a faint word with which to express the situation in these parts," writes Dr. William Brodie in *Michigan Medical News*. "There has been almost total absence of sickness in this city for some months and judging from reports things have not been much better throughout the State. . . . There is still another cause of good health which is not to be sneezed at although it is, we fear, not properly appreciated and that is our efficient (?) *mirabile dictu* Board of Health, which meets regularly as clock-work every two weeks and votes that the city is healthy; for this advice an ungrateful population allows it but $1.50 per member" (in 1878).

A brief four years later it is recorded by the *Detroit Lancet* that "for the first time in its history, Detroit has a board of health and a health officer worthy of the name. It is somewhat remarkable that now for the first time in history extending into the misty past, we have an authentic report of matters pertaining to the health of Detroit . . . We could wish for every city as competent a health officer as Dr. O. W. Wight."

Dr. Wight died in 1888, but as everybody knows, traditions of efficiency have carried on, and praise of the admirable Detroit Board of Health is supererogatory.

"Orlando W. Wight, who was elected to membership in this [Michigan State Medical] Society in 1885, died at Detroit, Michigan, October 19, 1888, of typhoid fever.

"He was born February 19, 1824, at Centerville, Allegheny County, New York, his father being a descendant of Thomas Wight, who came to this country from the Isle of Wight in 1635. His mother's ancestry was Holland, she being a Van Buren, and descended from the same family as Martin Van Buren.

"Dr. Wight's youth was one of toil and comparative privation, but the love of study was born in him, rendering him unsatisfied with the common school education, which was all that his parents could give him, and impelling him to constant effort toward a higher and more thorough course. He began the study of Latin and Greek without a teacher, and finally worked his way through Westfield Academy. He began the study of medicine at about this time, not, apparently, with any settled purpose of making it his profession, but because of a natural inclination that way. He taught a short time, and later went to New York, obtaining a position as reporter on one of the papers. This he continued about four years, keeping up his medical studies at the same time.

"Shortly after this his mind became turned toward theology, and he soon began preaching, but without formally connecting himself with any denomination. In 1853 he withdrew from the ministry and made his second trip to Europe, remaining there four years. On his return he matriculated at the Long Island Medical College, and was graduated therefrom in 1865. After spending a short time at two or three smaller places he finally located at Milwaukee in 1877, and was soon afterward made health officer. Such was his efficiency there, and the reputation that he made in sanitary matters, that in 1881 he was called to Detroit to occupy the same position and performed the duties with rare courage and efficiency. While there he studied law as a recreation and was admitted to practice in the United States Courts. Finally, broken down in health, he resigned his position at Detroit, and started on a trip around the world. He accomplished it, but did not regain his physical vigor, and soon after his return to Detroit he was attacked with typhoid fever, which his debilitated system was unable to resist.

"Dr. Wight was an enthusiast. He was fearless in the performance of what he considered his duty, untiring where action was needed, and studying continually to improve himself and those about him. Literature was his delight. He was a constant reader of history and was the author of valuable works. He was ambitious, but his ambition was not for wealth, but for literary fame, and that not of a selfish nature, but springing from his love of study and his always unsatisfied thirst for greater knowledge. In his first marriage he was unfortunate. Immediately after marriage he discovered his wife to be an insane epileptic. He was divorced from her and adopted her as his daughter. His second marriage was happy, but just before moving to Milwaukee he lost his wife and three children in quick succession, and those who knew him well think that he never recovered from the shock."[38]

Dr. Drake was in Flint in 1839. He was one of "two physicians with plenty of patients during the fever and ague season."[32]

"The health of our people, if nothing be said of the fever and ague, was generally good. I remember of no deaths occurring while we lived there. The ague, however, was there and it stayed. The doctor ['good old Dr. Millington'—*See* Pioneer Experiences'] with his whole saddle bags of medicine did but little good, it paid its unwelcome visits to about everyone and none could shake it off."[32]

Ague and Ague Cake

An account of prevailing diseases in Michigan may well be begun by mention of that bane of the pioneer, "Fever and Ague." Nothing was more common, when the writer was a boy, than chills and fever, and among the occasional causes of death in the neighborhood would be noted "congestive chill," the precursor of malignant intermittent or remittent fever. The adjustment of the corset to the erstwhile svelte and lissome figure was at times seriously hampered by "ague cake." Enlarged spleen was by no means infrequent, and if the records of a septuagenarian's memory may be accepted, this, as chlorosis, was largely a visitation upon the sex alleged to be "more dangerous than the male." Be this as it may, the principal medicinal dependence of the family of the forthright and forwarding-looking of the mid-nineteenth century period was quinine. Few households were so poor as to deny themselves this—not luxury—necessity, and father's supply of quinine was scrupulously replenished from time to time. Father usually possessed, in addition, a red pill-box filled with blue mass, and as a preliminary to the administration of the bitter flakes a bolus of the blue was rolled in the fingers and deposited in the maw of the miserable one who felt something "coming on." This was followed next morning by salts and senna ("seeney" in the usual vernacular), or if the family happened to be of the well-to-do class, of a seidlitz powder "to work it off." No vinegar or acidulous liquids were permitted until the morning excursion to the little house well back from the road, whose furnishings consisted of a fire shovel and a pail containing wood ashes, some tattered fragments of the *Youth's Companion*, or a collection of corn-cobs, had been several times repeated.

Came then the preparation made from "Jesuits bark," and it may without fear of contradiction from those who lived early in the Victorian period be asserted that the amount of it under home prescription was ordinarily adequate. The theory was to "break it up," and what a dose! Its administration was effected through the wheedling maneuver of covering it with apple-scrapings in a teaspoon, but the scrapings were never sufficiently ample, and the spoon being always too small, the taste of the first dose lingered throughout the intervening period of two hours when the second was due. Capsules were a much later pharmaceutical creation. Feeling something "coming on," as written above, should not be misunderstood. There was actual invasion—the chill—before medication was given. I cannot remember that quinine was ever prescribed in my boyhood days for prophylactic reasons alone.

And until the system was well saturated with quinine, what freezing, super-heating and thawing occurred, followed by a day's interval of relative comfort. This was the tertian—the usual—form, but the quotidian type was occasionally in evidence, and this made quinine administration more difficult as the drug was, as a rule, given only between paroxysms beginning by the refrigerating experience.

And Indians were not immune from this malady, although a contrary opinion has been expressed. They were not particularly or frequently susceptible, but succumbed occasionally. Mr. A. D. P. Van Buren, whose extremely interesting contributions enliven many pages in the delightful "Michigan Pioneer Collections" and who has contributed to Doctor Fuller's "Historic Michigan," says somewhere, "Since writing this, Mrs. Dr. L. W. Lovell of Climax informs me that she has seen an Indian have the ague which shook him as it did the white man. Stephen Eldred (Mrs. L's brother) assured me that he had seen one Indian dog shake with the ague. I knew one man who, when he felt the 'symptoms,' seized his gun, and put for the woods, and did thus often 'break the chill.' "

"Taking to tall timber," it would thus appear, may be expedient for other reasons than to escape boredom or creditors.

"I have often thought I would like," writes Mr. Van Buren, "to see an Indian have a genuine old settler's shake of the ague. If anything would tame him it would be that. It would shake all the whoop, if not all the Indian, out of him.

> And on every day there as sure as day would break
> Their neighbor Ager came that way inviting them to shake."[32]

When Martin (Mr. Van Buren's brother), who was among the last ones in the settlement to have fever and ague, was attacked "he shook so that the dishes rattled on the shelves against the log wall."[32]

The prevailing notion was that we must have it until we wore it out. "The Minister made his appointments to preach so as to accommodate his 'shakes.' The Justice of the Peace entered the suit on his docket to avoid the sick day of the party or his own."[32]

Extravagant "yarns" have been told that "cattle lean against the fence and shake," and that children "ague shake on the day of birth." Such statements may be discounted at the pleasure of him who reads, but the writer, having been on the ground (or in bed as the case may be) at or near the time, prefers to credit them in their entirety. The malady was attributed then and afterward for many years to a fancied "miasm." Writes one, "All old residents remember the enfeebling sickness that followed [in 1836] clearing of the land, and from which no settler was exempt."[32]

Fortunate indeed were they to have a neighbor like Mrs. D. who, "when not prostrated by sickness herself, went among her less fortunate neighbors tidying up their sick-rooms."[32]

Dr. L. Anna Ballard, for many years a successful practitioner in Lansing, records that "in April, 1848, the family journeyed from southern Ohio, with two canvas-covered wagons . . . followed by a carriage containing mother with the girls and small children. For a few months we were cared for in a plank house on Cedar Street . . . then we spent the summer on a farm near Okemos, where the members of the family took turns shaking hands with "Mr. Ague." Some days they did not alternate, for I have heard the boys tell how frequently they all had the shakes together, and the only way they could get the cows home was to send the dog after them. Because of the danger of extinguishing the family, if we remained near the swamps, we moved into town."

"I stayed all night, and the next day I left the pony there and walked back to Burnett's, and the third day set out again for Bellevue, and near the same spot the ague came on again and I went through the whole programme again, alone in the woods, nobody within miles of me. Oh! We had ague in those days for dead certainty."[32] ("Reminiscences of Kalamazoo," 1832.)

From "Recollections of Nankin" (in the thirties) by M. D. Osband, it is learned that "the climate for many years was unhealthy; malarial diseases at times prevailed to such an extent that there were not well persons enough to care for the sick; bilious fevers, fever and ague and dysentery were most prevalent. Fever and ague was the most common form; very few persons escaped it. It was the worst in warm weather, but sometimes would continue through the year. My father had it constantly nearly two and a half years. As the country became cleared and the swamps drained the ague disappeared, and health glowed in the countenances of the people."[32]

It is little short of marvellous, the determination shown to invent all kinds of reasons except the right one for the development of so-called "malaria." Dr. W. C. Maull of Middletown, Illinois, contributed to the *Michigan Medical News* of September 10, 1880, an article on "Window Screens as a Prophylactic of Malarial Poisoning," and says, "Admitting the theories of most writers about malaria,† there are plausible grounds for the opinion that screens are beneficial in keeping out the poison." His patient, the "hired man" of one of two screened-in families of the hamlet, "had slept in a little house unprotected by screens." The two fortunate families were "no more cleanly, and no more careful in their habits and surroundings than their neighbors," but were unaffected by illness probably "caused by minute cryptogamic plants of the family of palmellæ," the entry of which was prevented by the screens.

"Admitting again," he says, "that malaria is a resultant of heat, moisture and vegetable decomposition, is it any more unreasonable to believe?" etc., etc. Does he even remotely suspect the mosquito? Not at all. He quotes Salisbury and Tuberculosis (q. v.).

"It is almost omnipresent," says another writer, "and for evil it is almost omnipotent. The profession and the public are rapidly coming to a knowledge of it, but most of the profession and the public have much to learn."[28]

As to the final words—Yea, verily. There they were, all in the ditch together, the amaurotic under the leadership of the asthenopic, or *vice versa*.

"What then? Looking with the eye of spiritual discernment adown the vista of years, we see a new pathology in which the old ones rehabilitated each play their part; the whole brood of poisons begotten of superstition and bred in ignorance is banished; 'malaria' and its derivations belong to history; the germ theory, to those who labored to prove, and did prove it true, has become a vanity, and men laugh when they think how they believed in the monstrous and absurd ideas and doctrines of a short generation just past"[28] (1881).

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†A large order.

"Become a vanity," hasn't quite the desired clarity, but it radiates an optimism worthy of Mark Tapley. Who wrote it? Mulheron probably.

"The next fall, the chills and fever scourge took us, a miserable disease, unknown to us before. We sent to Mottville [the head of navigation on St. Joseph River] for Dr. Sanger. When he came he was seemingly worse off than the patient. He dosed out some calomel, castor oil and fever powders, and was barely able to ride home. The castor oil was old, and the stomach wouldn't have it. The stuff would go out between our teeth in spite of us. We were all very sorry that we were fated pioneers."[32]

"The universal ague remedy was Dr. Osgood's cholagogue, and in every household it was as common as were the most urgent of life's necessaries. Dr. Osgood lived in Norwich, Connecticut, and made a vast fortune from his cholagogue, towards which Michigan contributed no small share. Osgood visited Michigan but once, and then stopped at Yankee Lewis' for dinner, and in dwelling upon the excellence of that dinner as being the best meal he ever ate, he never grew weary."[17]

"Mr. Noble and I had it every other day. He was almost discouraged, and said he would have to sell his cattle or let them starve. I said to him, 'Tomorrow we shall neither of us have the ague, and I believe I can load and stack the hay if my strength permits.' "[24]

The above is from the interesting "reminiscences" of 1825 by Mrs. Harriet L. Noble, published in the "History of Washtenaw County," Page 435.

"There is a story of a certain professor of mathematics in one of our colleges, who has the eccentric habit of giving to each student before him, problems commensurate with the capacity of each.

"Thus: 'Mr. A, you may prove this equation; Mr. B., you may solve this problem; Mr. C., you may demonstrate this proposition; Mr. D. Ahem! Mr. D—You may fill the wood-box!"

"I deem it a privilege to sing the praise of Michigan, and hope to prove my equation that 'All good things=Michigan.' Time was, when the very word was a synonym for malaria. You remember the old couplet:

'Don't go to Michigan, that land of ills;
The word means ague, fever and chills.'

"Our sturdy grandsire expected to have his chill each alternate day, and he was seldom disappointed. New countries, like people, have to pass through the formative period of youth, endure their growing pains, eliminate the objectionable, and cultivate the qualities which make the well-rounded maturity, and bravely did Michigan pioneers meet and conquer the adverse conditions."[32] (Mrs. Nellie Osband Baldwin.)

"Because of the abundance of rain, the marshes were full of water, and in June people began to come down with the ague, chills and fever until there were hardly well people enough to take care of the sick. In July, I was taken sick and had to give up my school. There was no physician in the county except Dr. Egery, who lived in Three Rivers."[32] (Autobiography of Mrs. William Arney.)

"The earliest pioneer found Michigan healthy, but later so much ground was ploughed up, the malarial gases set free, that the country became very sickly. Our family came at the worst time. My father shook with the ague every day for eighteen months; there were ten all down at once, my mother, the only one able to administer the cup of cold water and care for the sick.

"Crops went back into the ground, animals suffered for food, and if the people had not been too sick to need much to eat, they too, must have gone hungry. The pale, sallow bloated faces of that period were the rule; there were no healthy faces except of persons just arrived. 'The doctor came with a free good will. And portioned out his calomel.'

"He came every day, he purged, he bled, he blistered, he puked, he salivated his patient; he never cured him. He forbade the nurse to give any water or any milk. The doctor's bill was something that no sane physician would present to-day, not so much for a single visit, but the visits that seemed endless."[32] ("Personal Recollections of Pioneer Days"—Ruth Hoppin.)

On Perry's fleet in 1813, there were 116 men all sick from malarial fever, acquired in Presque Isle ship yard. Among them was the chief surgeon, Dr. Parsons.[27]

"The two families [in Oakland County] numbered eighteen, and in July 1819 they were all sick. It was a full month before they were really better."[32]

What happened to these people is problematic, but one who has "been there" can almost hear the bed-slats rattle.

Mr. F. R. Stebbens in "History and Biographical Record of Lenawee County" says, "I have no doubt many present will remember the fall of 1838. Were such a state of sickness to happen now as existed in Palmyra (and we were told it was general through the country), the newspapers would fall short of appropriate display heading to the statement of facts, on account of a lack of display type. I do not exaggerate when I say with us there were three sick persons to every well one. My brother and his wife were both on their bed with "chill fever," and myself the only one about in the house; and this only between the passing off of the sweating stage of one ague attack, to the coming on of the chill of another. In this interval of a few hours I did the housework, and provided for the others who had no respite. And this was a fair sample of the whole community.

Our principal medical attendance was by Dr. Barnard, who rode through our part of the county, while Dr. Spalding, I suppose, visited other sections.

"One day the news came that the entire stock of quinine in the county had been exhausted; and quinine at that time meant more to us than bread! To add to the horror of our situation, the cathartic medicines of Palmyra were exhausted, and the doctor not expected for two days! Had our bread failed, our wells and the river dried up, we could have endured it, but to be without pills and quinine in the fall of 1838 in Palmyra, was worse than a bread and water famine. But the doctor came one day earlier than expected, and many a wan face lighted up with joy and hope when he said he had fortunately found a couple of ounces of quinine at some place out on Bean creek, and it would last until a new stock could be obtained from abroad. The winter frost brought us permanent relief, and one after another came out again to their usual occupations."

"Small as was the population of the little hamlet at this early date, the malarial fevers incident to the upturning of the soil made the presence of a physician indispensable. Dr. Thomas Green, brother of the earliest pioneer, arrived in 1845, and established himself in his profession, having left his former home in Chautauqua County, New York, for this purpose. He erected a shanty, to which he removed, but the doctor himself fell an easy victim to the prevailing scourge, the ague, and after the lapse of a very few years returned again to the Empire State."[22]

"The housewife regulated her affairs by it—she would do up her work and sit and wait for the ague, as for a visitor to come. And the pioneer gallant went sparking on his well night, and then he sometimes found his Dulcinea 'sitting up' with the 'fever'n ague.' "[17]

"For the treatment of ordinary cases of fevers, fever and ague, etc., many of the pioneers were provided with lancets and common medicines, and in their use became quite expert. Particularly was this the case with Mr. B. O. Williams (*See* Chapter II), who during the early years preceding the settlement of physicians treated many patients successfully.[23]

He was also a Democrat.

"The officers of the village and township board of health [of Manchester] are Drs. A. B. Conklin and A. C. Taylor [1881]. Their report on the sanitary condition of the village leaves, indeed, a very favorable comparison with the statement made forty-six years ago by the first physician who settled in the township. Then miasmas prostrated the settlers."[24]

"The doctors in those days, lacking present day knowledge and skill, dosed the shakers and burners [ague victims] with calomel. Many of them developed 'calomel sore mouths' and lost their teeth. Those who could afford it went to 'old Doc Granes' for repair, but as a first-class set of uppers and unders cost from $5.00 to $10.00, many there were who gummed it the balance of their days rather than be as they termed it 'held up.'

"You understand they did no blasting and filling on teeth when grandfather was a boy. No attention was paid to the teeth of the younger members of the family until they ached so hard and the owner thereof made so much fuss that it was annoying to the neighbors."

The above are excerpts from *Our Line,* published by the Kalamazoo Laundry Company. The writer has the facts, except—possibly as to the expression "held up." The hold-up is an institution incident to "progress," and was not a vogue in pioneering days.

"Emanations of Sewers" are "A Secret Cause of Disease," declares the distinguished Dr. Samuel P. Duffield. "But there are forms of disease which can *only* [his italics] spring from causes which are existing in the atmosphere, and which are the results of direct external poisonous action. This we see in malarious fevers, etc. The 'zoo germs' are carried into the blood through the lungs and developed in the system, producing the ague, remittent, and other fevers."[10]

"Carried into the blood," and "germs" indicate that investigators were "getting warm" in those days (1869), even in this neck of the woods.

Dr. James M. Hoyt, who came to Commerce, Oakland County, in 1840, writes that for many years afterward there was a great deal of sickness and destitution, this destitution in the main being a consequence of the sickness. The sickness was a consequence of certain changes which took place in the clearing up of the land. During the decaying process innumerable and extremely minute particles of vegetable matter would find their way into the atmosphere and would then be inhaled into the lungs; from the lungs would soon find their way into all parts of the system and thus become fruitful sources of the many disagreeable and often fatal symptoms which followed. This sickness was only general during warm weather, commencing as a rule in May and ending in October, and immediately after a few sharp frosts had made their appearance. (Mosquitoes?)

"Those who were not attacked until June or any part of the later warm months had what was called chill-fever. The symptoms incident to this form of disease were, as a rule, a slight chill at first which was followed by a high fever, and this in turn by another chill; then another fever, the whole attack ending in what is known as the sweating stage, lasting from one-half to two or three hours. . . . The danger to life incident to this form of difficulty was usually due to congestion more frequently of the brain than of any other organ. Whenever the brain and lungs both became congested at the same time as sometimes happens, there was always extreme danger."[32]

This was undoubtedly the "congestive chill" fairly frequent in a septuagenarian's boyhood in Michigan.

The following is quoted from *The Medical Age* (1884):

"Malarial orchitis is the latest mischief which the deadly microbe is reported to be at the bottom of. An Italian physician reports the case of a patient who, without a previous history of gonorrhea, syphilis, mumps or other recognized cause of orchitis, was seized with severe swelling of his right testicle during an attack of intermittent fever. Under the action of quinine the fever and the orchitis simultaneously subsided. This is certainly remarkable, but it is not so much so as the writer's etiology of the inflammation, which he holds to be the entrance of a malarial microbe into the testicle —carried there by the blood stream. It is difficult to refrain from characterizing such stuff by its proper name. But then, we are in the 'microbe age' and must tolerate it."

" 'Catching cold' and other Solecisms" is the title of a paper by Dr. G. A. Williams of Bay City. He writes, "Speaking of solecisms, what do you think of catheter fever? I verily believe it is malaria following the shock caused by the introduction of the catheter."

Quoting from "Malaria, What it Means and How Avoided," by Joseph F. Edwards, M.D. of Philadelphia (1881) which stresses "impure air," "organic decomposition," et cetera, and exhorts, "In short, keep all things within and without, above and below, clean and sweet, and we shall have no malaria," the *Detroit Lancet* accords, "True, very true!" and pertinently inquires, "But who shall do it?"

Garbage collectors as well as "Laborers in the Vineyard" were then, as now, apparently inadequate in number and efficiency.

Writes Dr. Hal C. Wyman of Detroit in 1881, "It is probable that generations of parasites change rapidly and spread in these organs [spleen and marrow of the bones] according to the idiosyncrasy of the patient, and perhaps, also, according to the nature of the marshes in which they originate."[9]

Unvarying charity to the mosquito or other possible carrier or "host."

Dr. E. Halsey Wood of Hersey quotes Oliver Wendell Holmes as saying that "the microscope is breeding a generation of myopes," and perpetrates numerous "wise-cracks" in reference to malaria. Among them is a fictitious letter from Bob Ingersoll: "Of course you are right. There is no malaria, no more than there is any hell. When I was a boy I had the ague all one summer, and the doctors said that when cold weather set in I would get well, but I shook all winter. The doctors are a pack of d—d fools."

And this—"No malaria? You can't make me believe that. I lived in Michigan too long. Why, if there ain't any malaria, how do you account for . . .

J. Adams Allen."

And this—"Citizen Doctor: You belong to the Church of the Best Licks. So do I. The monster is not dead and you must hit him again. What the roc is to the condor; what the griffin is to the flying fish; what the phœnix is to the eagle; what the unicorn is to the ibex, malaria is to

G. Francis Train."[31]

Some recollection of Train is necessary to full appreciation of this.

A theory must have been well grounded to survive such sledge-hammer (?) blows as these. They were delivered in 1881. Laveran had the previous year "noted in the blood of patients with malarial fever, pigmented bodies which he regarded as parasites, and as the cause of the disease," and in 1886 Councilman confirmed his observations (Osler, 8th Ed., Page 244). The agency of the mosquito in the transmission was later determined, but it had long been suspected.

And still Wood and his "gangliasthenia," whatever that is, were not treated with the deserved indifference of silence. On the contrary, one writer likes his style, and admires his "cussedness." Another relates him playfully to the Galileo-Jenner-Harvey category, and surmises that he parts his hair, as well as his name, in the middle. A third bewails the fact that "they must take from me that great shield of medical ignorance, 'malaria' " and closes thus:

"Where ignorance is 'Bliss'
'Tis folly to be wise,"

which requires interpretation. Dr. Bliss was surgeon-in-chief in attendance upon President Garfield. He had theretofore advocated the use of cundurango—in leprosy, according to the present writer's recollection. Whether for this or some other reason, he was not popular; at all events the spotlight attracted all the loose and convenient pavement bricks.

He had an admirable war record.

This kindly mention of Dr. Bliss is made in the *Michigan Medical News:*

"Dr. Bliss in his report of the case of President Garfield states that 'the ingesta lying upon the mattress indicated that he had recently vomited.' The President is dead and there is no longer any excuse for the ambiguity of language which characterized the bulletins, and if Dr. Bliss means vomited matter he should say so; but if he deems a Latin term preferable to the vernacular, let him by all means employ a correct one . . . . Material taken into the stomach is ingesta while it remains there, but when it is thrown off it becomes by that act ejesta."

Does it? Not to compete in captiousness with this past-master therein, doesn't it become *ejecta?*

"Malaria delenda est," writes Dr. Halsey Wood, who finds in 1881 "there is absolutely no such thing as malaria *per se*. There never was and there never will be. No one has ever seen malarious spores, nor ever will."

And he proceeds to the interment under a stone "upon the University ground bearing this inscription:

"Sacred
to the
Progress of Medicine
Hic Jacet
Malaria."[31]

"Read this and say that Shakespeare did not know what malaria was:

'As wicked dew as e'er was brushed
With raven's feather from unwholesome fen
Drop on you both.' "[31]

Dr. J. F. Jenkins of Tecumseh writes in 1897, "The discovery of the hematozoon of malaria by Laveran is next in importance to the discovery of the tubercle bacillus by Koch. It has given the medical profession an intelligent concept of malarial fever in its various manifestations, and the literature of the subject has already been cleared of an immense amount of rubbish which has enveloped the medical practice of the past.

"The combined infection of Eberth's bacillus and the hematozoon of malaria seldom occurs, excepting that it may still linger in the mind of some medical hay-seed, who, Rip Van Winkle-like, continues to hold fast to the opinion that malarial fever develops into typhoid fever, or is in some way dovetailed into it."[31]

In 1891 Dr. Carl Bonning of Detroit wrote that "in seven and a half years of active general practice in this city, I have come across two cases only of true malaria, and these two patients, a married couple, had just arrived in this city from Saginaw."

He writes of different maladies which have been, in his opinion, thus erroneously diagnosticated, and hopes "to live to see the time when the physician will be just as guarded and reserved in pronouncing the diagnosis of malaria, as this is now the case with, for instance, small-pox, cholera, or some similar formidable disease."[37]

And now, Hail! In this year of grace, 1929, the host of the Laveran plasmodium is destined himself (or herself) to experience something of the fitfulness of life's fever. The Gorgas Memorial Institute is after him (or her) now, and he'd (or she'd) better watch out, and take to whatever woods has been saved from the platting, or plotting of Urban Realtatters.

"The mosquito area of the Gorgas Memorial has shown considerable enlargement during the past twelve months. Not only has the mosquito department been concerned with and helped to direct mosquito abatement projects in and around the metropolitan area in Chicago, but other areas in various states have been surveyed by this mosquito engineering force.

"Work has been undertaken, or advice given as to surveys, etc., in the states of Maine, Delaware, Minnesota, Illinois, Michigan, New York and New Jersey. A very important survey is just now beginning in the county of Suffolk, N. J., which will mean the organization of mosquito activities there, and will lead to a definite and comprehensive program for relief."

They're on their last legs or wings. Dr. Martin has enlarged his mosquito area to include Michigan, and Detroit physicians, successors in practice to Dr. Bonning, need fear no future invasion from Saginaw or elsewhere.

Dr. Henry C. Allen, professor of materia medica, therapeutics and clinical medicine, homeopathic department University of Michigan, born in Canada in 1838, graduated from Cleveland Homeopathic College, "with high honors," in 1861. He was professor of anatomy in Cleveland and later in Hahnemann, Chicago. He began practice in Detroit in 1878; was the author of "Homeopathic Theory of Intermittent Fever."[24]

A homeopathic theory of intermittent fever promulgated before 1881 should be interesting to antiquarians.

MOSQUITOES

It is an interesting fact that there was an Indian Chief whose name was Misquitto.

"Another native of the woods was the blood-thirsty savages—the mosquitoes. They were the most troublesome of all the animals that infested the woods.

"They were so unacquainted with man
Their tameness was shocking to us."

"They did not know what danger or fear was. They would light upon your nose and suffer you to kill them; while they died like martyrs at the stake. Their attacks were heralded by a flourish of trumpets or long trombones, when they would come down upon you in squads and hordes *ad infinitum.* A settler relates his attempt to go through a belt of heavy timbered lands but, ere he had advanced twenty rods he was so beset by these bloodthirsty imps, that, after giving them battle with a bush for a while he was compelled to beat a retreat, badly demoralized. We found no rats or mice or house flies. They came years later with an advanced civilization."[32] ("Pioneer Annals of Calhoun County"—A. D. P. Van Buren.)

The pioneers built "smudges" to drive away the mosquitoes, and swatted them while they "murdered sleep." Mosquito bars were hung over the beds of a few of the wealthy ones—that is to say, those whose property was free from mortgage and whose superannuated teapot contained a number of jingling coins—but window screens were unknown. In the daytime food on the table was protected from flies by covering with a wire-woven contraption. Flies ruled by day and anopheles by night.

In a "Pioneer History of the Township of Grand Blanc," we find the following annals of the mosquito:

"This reminds me of how much labor has been spent in trying to keep them off at times, and how many hours of restless sleep have been endured by the musquito, to say nothing of the language against them, and the marks made by them, which is too bad." (*See* Chapter V.)

"At this time of year the musquitos were too numerous to mention . . . The cattle were literally covered with them . . . Oh, poor cattle, such backbiters as they were—

"The musquito is a very miserable fly
Although he whispers in your ear
He is likely to tell you a bad lie
And does not care if you do not hear
He is sure to find and hunt you out,
And if he bites you, he has not a single doubt."

In order to milk the cows the early Michigan settlers made a smoke from rotten wood and drove the cows into it. "The musquito dare not enter, perhaps it rather suffocated him . . . The cows soon learn the benefit of the smoke, and enter of their own accord."

Crevecoeur writes of mosquitoes, "Their stings fairly closed his eyes whilst Nature had wrapped them up in sleep. He was blind for above eight hours. . . . The land of Eden could not tempt me to dwell among so many blood-thirsty insects, which seem to be hatched merely to tease the rest of creation . . . So eager are they to fill themselves with blood that I have sometimes suffered them to light on my hand and to suck mine quietly. With very little attention I perceived their bellies replenished with the red liquor until they would drop down unable to fly away."[12]

As far back as record extends mosquitoes were pestiferous. In an "expedition to Detroit [1793] by Lindley Moore and Paxon, it is recorded: "Last night the musquetoes [*sic*] exceeded anything of the kind I ever experienced. Universal complaint was murmured through the camp this morning. . . . This confirmed an account I heard in this country of a fortification being erected in New Spain in the forepart of the year which, on account of the incredible number of these insects which infested it, the troops were obliged to abandon."[32]

This account must be accepted for two valid reasons—the proverbial veracity of Quakers and the vivid recollections and assertions of less pious pioneers.

Dr. Edward S. Dunster discussed "Moquitoes' Mischiefs," among them the spreading of *"filaria sanguinis hominis."* Now its agency as carrier of the hematozoal parasite "is demonstrated," he writes, and "adds another to the long list of ills which are directly chargeable to these malicious pests."[31]

Malignant Fever

"In 1823 the quartermaster insisted upon my going to Saginaw to attend a sick garrison from Green Bay. The troops were suffering from malignant intermitting fever and at the end of three weeks attendance upon them I was knocked over myself. I found the whole garrison sick with one or two exceptions, and Dr. Zina Pitcher, the surgeon in charge, was the sickest of the lot.

"He [Dr. Pitcher] was all alone, one hundred miles from anywhere, with an appalling amount of work on hand . . . He was being carried all over the garrison on a mattress by men well enough, as yet, to move about to lift anything, giving opinions and advice, and a dreadful sight he presented."[32] (Dr. Whiting's Narrative.)

Bilious Intermittent Fever

There were "bilious diseases attributed to the generation of a marsh miasm arising from decomposition of a large growth of vegetable matter," writes Dr. N. M. Thomas in his autobiography. In 1833 the disease ran a more rapid course, and the sufferers "withstood to a much greater extent than in 1834."† He continues, "In 1833 bilious intermittent fever prevailed and whatever cases of the remittent or continued form occurred, terminated speedily in the intermittent, and yielded readily to the ordinary course of treatment."

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†Just what Dr. Thomas meant by this is not clear.

It is at least conjecturable that blue mass and quinine had to do with the "treatment," and that the fever was mosquito-borne.

Fortunate was the town of Dexter which, in 1832, "had a physician in the person of Dr. Cyril Nichols, who was an expert in handling bilious fever and ague, the prevailing disease of the county."[32]

And he was the one whose patients objected because he went out after game! (*See* Chapter I.)

Extolling pioneers' wives and their sacrifices, Mr. J. Warner King writes that St. Paul would have had a more favorable opinion of matrimony—

"If Paul had been a pioneer
And had our first lands to clear
And had the dreaded ague shake him
And bilious fever overtake him
With no one near to soothe his woes
Or hold the camphor to his nose
He would have said, I do declare,
I must have been mistaken there."[32]

Dr. Carter practiced medicine in Three Rivers (in 1836), "until taken sick with the fever and ague."[32]

YELLOW FEVER

And while on the subject of mosquito-borne infections, although a discussion of yellow fever is not highly pertinent to Michigan medical history, the record shall not be omitted, for it is surely deserving of high place in medical annals of this State that a private soldier, a Grand Rapids boy—by name, William H. Dean—volunteered his services in Cuba to the demonstration of the cause of yellow fever. He and other brave cohorts of Reed, Carroll, Lazear and Agramonte, submitted to the loathsome contact of bedding and clothing, soiled by the dejections of yellow fever patients. Without complaint they "stuck it out," suffering permanent impairment in health in consequence. In the older countries monuments are placed in the public squares to heroes of this type. In this, a pension utterly contemptible in amount, extracted from a reluctant Congress, was their meager and tardy reward. One may almost hear the commendation, "Well done, good and faithful servant," which might have been in a distant age bestowed upon these martyrs to preventive medicine by One who "went about doing good."

In praiseworthy and altogether commendable recognition of this important service to human kind, the Kent County Medical Society at a meeting in June, 1928, through a committee, prepared and sent the following communication:

June 11, 1928.

Mr. & Mrs. Norman C. Wood,
143 Seward Ave., N. W.,
Grand Rapids, Michigan,
Dear Mr. & Mrs. Wood:

This letter is to acquaint you of the recent action taken by the Kent County Medical Society upon the occasion of the death of your son, William H. Dean.

His courage on the battlefield during the Spanish-American War, was only excelled by his supreme bravery at its close in offering himself in the great

> struggle of medical science against a mysterious and fatal disease, and his name will be historical amongst those martyrs who have given their lives in the interest of humanity and for the advancement of science.
>
> The Kent County Medical Society therefore extends to you their sincere sympathy for the untimely death of your hero kin, and assures you of their hearty approval of the City Commission's plan to commemorate his heroic deed by naming in his memory the new Fulton Street Bridge, "The William H. Dean Bridge," and furthermore, by official action the Committee has been instructed to write to our local representatives in Senate and House, urging that suitable recognition of his heroism and death be taken by the Government of the United States.
>
> Very sincerely,
>
> Dr. C. V. Crane.
> Dr. G. L. Bond.
> Dr. J. M. Whalen.

To Congressman Carl E. Mapes and to Senator Arthur H. Vandenburg, letters were sent declaring, "His death was untimely, the direct result of his courageous sacrifice at the close of the Spanish-American war, in offering his body voluntarily as an experiment in the struggle of medical science against a mysterious and very fatal disease, Yellow Fever."

And, "Inasmuch as the United States Government has not as yet officially rewarded the heroism of this martyr, the Kent County Medical Society, through a duly appointed committee, enlists your effort in suitable recognition of his lasting service in the aid of medical science."

And to the Grand Rapids press a transcript of the action of the society was sent with request for publication.

Now, February 27, 1929, eight months after the action of the Kent County Medical Society, the news from Washington comes that "belated justice to the memory of the late William H. Dean of Grand Rapids, Michigan, and other heroes in discoveries connected with the prevention of the dread yellow fever was done by Congress when a bill to grant gold medals to them became a law . . . President Roosevelt as far back as 1906 recommended to Congress proper recognition of these men . . . The bill besides granting gold medals to the living, and the heirs of the dead, grants pensions to some."[13]

The chairman of the Pensions Committee of the House (Congress) felt —apropos the project for increasing Mrs. Walter Reid's pension from $150.00 per month—that pensions should be kept "within reasonable limits."[26]

"Reasonable limits" are still more important as regards committee chairmanships.

In an allegorical paper read before the Sanitary Convention in Detroit, January 8, 1880,† following the example of Bunyan, Dr. R. C. Kedzie finds the "City of Destruction" to be that in which "sanitation has been almost entirely neglected. . . . As a consequence, Pilgrim has become very bilious; his days are filled with gloomy forebodings, and even night brings no rest or refreshment."

He compares the "Memphis of Old—the City of Osiris" with the Tennessee Memphis and implies that the yellow fever scourge prevalent in the previous years might have been mitigated or prevented by improved sanitary conditions. "Nature has opened her two tables of sanitary laws—the shortest code ever written; Clean up, Clear out. What would Memphians do? There was much talk, but little scrubbing." The article has a deeply religious vein as might have been predicated upon the life of its distinguished author.

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†Abstracted from the *Detroit Post and Tribune* by the *Detroit Lancet*, Vol. III, p. 345.

Dr. E. Halsey Wood, who has "never seen a case of yellow fever," writes a six and one-half column article to the *Michigan Medical News* thereon. Under its title is a Greek flourish, and it is inscribed to the National Board of Health.[32]

Just what he is driving at is difficult of understanding—that is for the most part—but one observation that "the asses of the profession are usually selected to be members of boards of health," however unjust, does not lack clarity.

"Will their Eminences lend an attentive ear to the voice of one crying in the wilderness of theories, 'Here at last is the truth'? Will they submit to be guided by the light of my penny dip out of the bog of error in which they are floundering?"

The reader of this has formulated his own answer to the interrogatory.

Let us bray.

"The number and variety of these theories"—on the origin of the virus and the spread of yellow fever—leads the *Michigan Medical News* "to suspect them all, and the more positive the views advanced, the greater the suspicion."[31]

As to the "etiology of yellow fever" this is "yet to be worked out," writes Dr. F. G. Novy. "The microbes of Hovelburg and Sanarelli are to be placed in the already long list of disproved charges."[38]

This was in May, 1898, at the meeting of the State Medical Society. Immediately thereafter came the Spanish War and illumination.

Incidentally the Kent County Medical Society has shown zeal and useful activity in other lines than rewarding the deserving:

"*Periodic Physical Examination*—The Kent County Medical Society merits every commendation for sponsoring a week of Periodic Physical Examination in Grand Rapids. Excellent preliminary publicity for ten days was secured by a series of educational articles appearing in the daily papers, setting forth the value of a physical examination. The week was opened with a general public meeting and on Wednesday Dr. Miller of Chicago addressed the members of the Society on methods utilized in conducting an examination. The public was urged to obtain their examination from their family or private physician. For individuals unable to pay for their examination arrangements were made whereby the Out-Patient Departments of the three hospitals made this service available. Next month we purpose publishing the statistical results."[26]

Cholera

Durant, in "The Story of Philosophy," Page 333, writes, "In 1831 a cholera epidemic broke out in Berlin, both Hegel and Schopenhauer fled but Hegel, returned prematurely, caught the infection and died in a few days. Schopenhauer never stopped until he reached Frankfurt, where he spent the remainder of his seventy-two years."

Both of these philosophers acted in a so-to-speak philosophic manner—this according to his individual viewpoint, and will be judged in accordance with the mental angle of him who reads. The interesting feature of it all for the readers of a medical history is that the epidemic in Europe was evidently the precursor of the 1832-1834 storm in this country. This devastating malady appeared in England in 1831, Quebec and Montreal in June, 1832, and sixty days later in Detroit.[26]

It was brought in 1832 to Detroit, in a vessel carrying troops ordered to the scene of the Black Hawk War, relates Dr. J. L. Whiting. The military surgeon was "scared out of his wits." Sixteen patients were brought ashore and were treated by Drs. Rice and Whiting. Eleven of these died before morning. Later in 1832 came a visitation upon citizens of Detroit which "confined largely to the lower classes, swept off the intemperate and dissipated in large numbers."[32]

In 1834 the upper orders, the sober, temperate, and church-going people were also affected. It "hopped over from Ann Arbor" to Marshall. Dr. Rice did wonders during both visitations. He practiced in Detroit for some twenty years and was a man of great merit and "quick as lightning." His method during the first invasion was to carefully examine every man in the detachment, and "to everyone who showed predisposing symptoms of the disease, such as the premonitory diarrhœa, he administered a thumping dose of ipecacuanha and calomel on the spot. It acted like a charm."[32]

The influence of the Black Hawk War is not easy to separate from that of the cholera epidemic of the same year. It was probably the cholera, as much as fear of the Indians, that checked travel on the Chicago road. A large part of the troops under Scott, which were sent against Black Hawk, died of cholera in and about Detroit; others, panic-stricken, deserted; it is estimated that half of the entire force died. The ravages elsewhere in Michigan seemed to have been equally severe. Many settlements established armed guards, allowing no one to pass in or out; fences were built across the roads from Detroit and travelers were halted at the point of the gun[15] Rev. Elijah H. Pilcher records: "The first advent of the cholera to the State was while I was on this Circuit [Hillsdale, Lenawee and a portion of Washtenaw County] in 1832, and well do I remember when Colonel Clark called out the Military at Ann Arbor, and marched out of the Village to the East to stop the stage coach to prevent the introduction of the disease. Notwithstanding this precaution it came and carried off many, and the new village of Marshall was nearly depopulated."[32]

In emulation evidently of the example of the philosophers, on the establishment in May, 1832, of the First Congregational Church of Marshall—"When it was known that the cholera was in our midst many fled the place." Of those that stuck it out and refused to be stampeded to the (then) numerous open spaces "there remained seventy persons. Of this number, eight died, ten others were severely attacked, but recovered, and all within the compass of eight days."[32] (John D. Pierce.)

The disease appeared in 1834 in Kalamazoo County. One patient of Dr. Thomas recovered, the other case attended by violent vomiting, diarrhœa, cold extremities, cold perspiration, almost imperceptible pulse, was rapidly fatal despite opiates, stimulants, and stimulating applications to the extremities and on the stomach and bowels.

Dr. Thomas writes:

"During the sickly seasons of 1833 and 1834 my time was so completely occupied that I usually did not get through with the business of the day until after midnight, and then if calls were left written on the slate screwed on my office door I did not sleep until they were attended to. Frequently those calls consumed the remainder of the night, with no opportunity of sleeping the next day, and so continued on through the busiest part of the year. I usually took breakfast previous to leaving home in the morning, and then on my return late at night, as above stated, it was my custom to resort to Mrs. Patrick's cellar, where I lunched on some kind of cakes, pie, and milk. . . . Unless I happened to visit patients at meal time I did not generally partake of food after breakfast in the morning until after midnight."[3]

"The next year [1832], the cholera broke out and raged fearfully in Detroit; business generally was stagnated and a great number left the city. I remember well one man and wife (strangers) came there. He left his wife and went to look for a place in the country. He came back in three days. In the meantime his wife had died and was buried. And one gentleman, a resident of the City, sent his family away, but stayed himself to attend to business, but all his family died except himself."[32] ("Recollections of Pioneer Life in Michigan"—Joseph Busby.)

In the summer of 1832 Judge McCamly left Nottawa, and settled in Marshall. "While here, that terrible scourge, the cholera, made its appearance in the little colony. Some were frightened and left the place, others shrank in terror of the disease from rendering aid to those attacked with it, or even to assist in burying the dead. Rev. J. D. Pierce, Sands McCamly, Isaac E. Crary, and some few others courageously and nobly stood by the afflicted and dying, forgetting every danger in their self-sacrificing devotion to the victims of this dreadful disease. The frightened little colony had previously dispatched Dr. Thompson, an emigrant from South Carolina, to Detroit to learn something of the nature of the disease, and to procure proper medicinal remedies in case it should break out among them. But no sooner had he returned than the disease seized Mr. Hurd, a proprietor of the town, who had just arrived there, and he died in a few hours . . . Dr. Thompson also died with the disease, and so dismayed were his brothers, who had come there with him, that they left him unburied, and fled. Dr. Fake, lately from Detroit, lost his wife and two children by the dreadful scourge."[32] ("Pen Pictures of Pioneers"—A. D. P. VanBuren.)

The pioneers had their troubles, this is obvious, and those that hot-footed it into the country were apparently unfurnished with that perfect love which "casteth out fear." However, they were mercifully spared one dreadful affliction—the Eddyite reader's maunderings, and his disparagement of public health agencies.

And through all the melancholy story there is no record of a physician having deserted his post. One was "scared out of his wits," and went from the transport ship to a Detroit hotel to recuperate, but it is just and charitable to believe that he was frankly ill.

Ephraim S. Williams writes, "Among the assets of Thomas Emmerson, banker, in Windsor, Vermont, in 1834 was a bond given by Thomas Palmer dated way back in the days of the oldest bygones, on which there were many indorsements of payments as follows:

Received on this bond, January, 1820, in coon skins	$100.00
Received on this bond, January, 1821, in shingles	50.00
Received of Thomas Palmer, May, 1831, in fish	100.00
Received of Thomas Palmer, May, 1832, in lath and boards	75.00

"In July, 1834, there swept over Vermont, Windsor especially, a wave of religion and Thomas Emmerson was one of the 'brands snatched from the burning.' Immediately he became one of the most earnest of all in that town, and turning his back on the gold and silver of his bank he prayed most earnestly, most zealously, and most sincerely.

"It will be remembered that in the same year the cholera broke out in Detroit with absolute malignity, and cut up our people root and branch, and within thirty days decimated the population. On this 16th August, 1834, thirty-seven persons died from this disease and nearly everybody was horror-struck. That evening it happened that Harry Cole and another bygone met in Dr. Rice's office, just in the rear of where the First National Bank now [1886] stands, to inquire what the news was, when Dr. Rice very emphatically responded that everybody was dying and would die; that in 1832 he bled all his patients and cured them all, 'but this year,' said he, 'every patient that I have bled has died and all my patients are dead.' Everything was very blue and silence prevailed until Mr. Cole drew from his pocket the following extraordinary letter, addressed to him by the now pious and good Thomas Emmerson:

Windsor, Vermont, August 1, 1834.

Henry S. Cole, Esq., Attorney at Law.
My dear Hal:

I am rejoiced to say to you that the Lord hath been among us here in Windsor; that a day of Pentecost is here, and that I have been 'snatched as a brand from the burning.' I am now laying up all my 'treasures in heaven where neither moth nor rust doth corrupt and where thieves do not

> break through and steal.' Oh! Hal how I wish you and our old friend, Tom Palmer, might see the error of your ways. By the bye, Mr. Palmer has not paid his interest on that bond for nearly two years. Now I learn that the 'pestilence is stalking at noon-day' among you and we know not how soon you may go. Mr. Palmer ought to settle that bond. You and he ought to perpare for death and he ought certainly to settle that bond at once. Oh Hal! if God would only open your eyes and Mr. Palmer's surely he will pay the interest on that bond now. I pray nightly and daily for you and Mr. Palmer and trust he will pay the interest on this bond. That the Lord will guard and keep you dear Hal, and my friend Palmer is our constant prayer; but do make him pay the interest on his bond. I will take furs shingles lumber apples fish or anything he has. God bless and preserve you both but please do not let Mr. Palmer forget to pay the interest on that bond.
>
> Your devoted friend,
>
> THOMAS EMMERSON.

"With twenty-five cents postage this unique letter came after a week's voyage to Detroit. Harry Cole and Thomas Palmer both survived the cholera and Emmerson's bond was all paid and cancelled long before Mr. Palmer died."[32]

The wife of Elisha W. Rumsey, one of the Ann's after whom Ann Arbor is named, died of cholera in Indiana.[32]

And as to the valiant and resourceful Dr. Douglass Houghton, "In 1834 when the cholera visited Detroit with such fearful results no one could have been more devoted or made greater sacrifices to solace the sick and dying than young Houghton."[32]

"The fear of the Indians had hardly subsided when there came an enemy far more terrifying and deadly than the Indians ever were in American history, the Asiatic cholera. It reached the interior by way of Canada. Many people died throughout Michigan, and it is probable that the disease hindered the coming of settlers as much as the Black Hawk War had done. It is said that half the United States soldiers at Detroit under General Scott, who had been sent in to check the Indians, died of the disease. The legislature passed an act authorizing the towns to establish rigid quarantines against all travelers, which many of them did. For a time all travelers going westward along the Chicago road were obliged to make long circuits around the towns to avoid arrest. This is admitted to be the first official use of the "Detour" sign in Michigan history. Ypsilanti was so determined to keep out all danger that even the boy governor, Stevens T. Mason, journeying westward from Detroit, found it advisable not to venture within the limits of the town's authority. He hired a guide at the last tavern east of town and made a circuit around to the west. On reaching the road again it occurred to him that if he went on from there it might be a long time between drinks. The last oasis had been the tavern three miles east; there was no other tavern for several miles west. It seemed to him that there might not be serious objection to a traveler coming from the west, and he ventured into town. He was promptly arrested in spite of his governorship, and it was not until the sheriff was called in that the governor was released."[30]

In Detroit the news of its steady approach was not unheeded. Among the last acts of the Legislative Council, approved June 29, was one for the preservation of the public health in the City of Detroit.[28]

President Jackson at that time was impatient over the slow progress in effort to terminate Indian troubles on the western frontier. He ordered General Scott to take the matter in hand, and the second detachment of his command under Colonel Twiggs arrived at Detroit "on the fourth day of July [1832] as the people were joyously celebrating the birth of the nation, a celebration that was to be followed by panic and consternation. As the *Henry Clay* lay moored to the wharf, two cases of cholera developed among the troops it carried, one of which proved fatal before the night. The ship surgeon, terror stricken, under the plea of illness, repaired to a hotel, while two Detroit physicians, Drs. Randall S. Rice and John L. Whiting, surpassing military prowess went to the succor of the afflicted."[28]

Of the cases removed from the ship to an improvised hospital eleven proved fatal during the night.[28]

Under the law, which had been recently enacted, the board of health had already provided a corps of assistants, and a committee was appointed to accept contributions for relief work. The people also authorized the council to raise money by taxation, "the board of health at once ordered the transports to Hog Island [now Belle Isle Park], where they were furnished supplies from the City. The *Henry Clay,* proceeding on her way, was compelled to land other stricken soldiers near Fort Gratiot. "The ship became almost a floating charnel house." The Captain described conditions as "so violent and alarming that nothing like discipline could be observed; everything in the way of subordination ceased," and "as soon as the steamer came to the dock each man sprang on shore." Some "fled to the fields, some to the woods, while others lay down in the streets, and under cover of the river bank, where most of them died unwept and alone." Of the eight hundred and fifty men who left Buffalo in the early day of July, not more than two hundred were fit for the field, and less than two weeks later the wasted remnant was landed at Fort Dearborn.[28]

The disease in Detroit spread among the City people. Up to the eighteenth of July there were fifty-eight cases and twenty-eight deaths; the upper story of the Capitol building was used as a cholera hospital. The disease spread to other towns and at Detroit continued unabated. "Dr. Marshall Chapin, who through many days and weeks without money and reward gave his services to the poor, will deserve well from the memory of men. The solemn tolling of bells on news of a death was discontinued as it "tended to add to the panic of the people."[28]

"The garrison at Fort Gratiot under Major Alexander Thompson was ordered to Chicago after the epidemic became general. No transport could be obtained, and he determined to take the route by land. He marched from Detroit to Chicago," and then to Rock Island. Here again the epidemic became violent and hundreds of brave and worthy men found an untimely grave on the bank of the Mississippi.[32]

"It is impossible," writes Friend Palmer, quoting Mr. G. C. Bates as to the visitation two years later [in 1834], "to describe the terror, alarm, and panic that prevailed, to depict or portray with a pen the blanched cheeks and the husky voices of brave men at the corners of the streets or in the reception room and drinking room of the old Mansion House (for brandy was prescribed by Drs. Rice and Whiting and other leading physician).† All kinds of vehicles made their way to the cemetery filled with corpses, and the Mansion House bar must have ceased operation, emptied as the hostelry was of nearly all its inmates, when its courageous and defiant matron, Mrs. Boyer, died." Thirty-six deaths occurred in one day in August.

If the thrilling narrative of Mr. Bates is to be accepted without discount after fifty intervening years ("rolled away," he mentions), Dr. Randall Rice must have forgotten the ipecacuanha. He is said to have "declared with an oath that in 1832 he had saved all his patients by bleeding and calomel, yet at this season every single patient, whom he had thus far treated, had died upon his hands."[11]

But Dr. Rice must have been a fine type and if he cursed it was like a philanthropist.

Friend Palmer and fourteen other young men on demise of Mrs. Boyer formed a "mutual insurance Company" to safeguard protect and nurse one another. The strength of organization is exemplified in that "of all that number one only was ever taken ill or died, he in consequence of his own folly—in drinking mint juleps and eating green cucumbers as if determined to invite an attack of the disease."[11]

Would that Fried Palmer had spared the readers a corollary which he draws from the results of the "Mutual Insurance Company"—that it "demontrates in the clearest and most absolute manner that whosoever coolly and courageously pursues the ordinary habits of his life and his daily business may bid defiance to cholera or yellow fever or any other epidemic and outlive its dangers and its destructions."[11]

Dr. Randall S. Rice joins Doctors Z. Pitcher, N. D. Stebbins and J. V. Scovel in a communication to the *Detroit Advertiser* June 19, 1854, containing preamble and resolutions of Detroit physicians regarding the Mayors hand-bill on cholera as unnecessary and an imposition on the public."[6]

Dr. Silas Spencer of Detroit had a prescription which he "told his friends cured cholera without bleeding or calomel. He said he fed his patients freely with warm brandy sling infused with pepper-sauce, laudanum, essence of peppermint and spirits of hartshorn keeping them at the same time at oven heat with hot bricks."[6]

During all of August and September (1832) when the scourge was at its height Dr. Marshall Chapin "never went home except to sleep." His meals, oatmeal porridge for the most part, were brought to him in his office which was over the store. A large part of the population had fled the

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†How futile for the reviewer to record this inviting prescription.

City so the doctors formed a nurse corps among themselves—Drs. Chapin, Whiting and Rice aided by some of the most prominent men of the town. Dr. Chapin attended everybody who called him, without respect of persons. In the same day he was at the death bed of Governor Porter and of a poor immigrant. Again in the epidemic of 1834 he himself barely escaped death. Dr. Henry died. Dr. Houghton was very ill and Dr. Silas Spencer writing details of deaths to a friend in Ypsilanti mentioned that Dr. Chapin was on the point of death. "He faced death as fearlessly as the leader of an army."[11]

"Cholera again visited Detroit in the summer of 1849 and about 1200 inhabitants died between July and September. In 1854 the Asiatic scourge† again made its appearance and the number of deaths from that cause was over 200. The latter was the last serious visitation although there were several isolated cases in succeeding years."[27]

"In 1892 cholera prevailed in several parts of Europe, and Detroit made haste to take sanitary precautions . . . the old steamer *Milton D. Ward* was chartered as a hospital boat . . . The cholera did not come although there was one authenticated case of an emigrant who came from Scotland, contracted the disease on the way, and died in Detroit."[27]

One who knew Zachariah Chandler in his political prime in the seventies will have no little difficulty in envisaging him as "one of a corps of male nurses" during the cholera epidemic of 1834.[27]

In the *Detroit Review of Medicine and Pharmacy,* Vol. I, 1866, Dr. A. B. Palmer published an interesting and valuable series of articles on cholera.

Poetic prognostication of the return of this malady was given in an editorial in the *Detroit Review of Medicine and Pharmacy,* Vol. I, p. 84. "The return of warm weather, notwithstanding the thrill of pleasure always felt at the passing away of the season of frost and storm, and the welcome given to the bursting buds of May, is at this time watched with apprehension, through dread that it may herald the approach of the gloomy cloud of pestilence, which has overshadowed the eastern continent to our own shores."

Reference is made in the editorial of the arrival at Halifax of a ship, "where the steerage passengers were nearly all sufferers from cholera," and then—"We observe with gratification the energetic measures instituted by our city authorities for the abatement of all nuisances and the purification of all sources in our midst."

Among the trustees of the "Detroit City Dispensary Association," the object of which was to form a medical dispensary, "where the poor of our city can be provided with medicines gratuitously," appear the names of Drs. William Brodie, Morse Stewart, E. W. Jenks, and Moses Gunn. "Several physicians," it is recorded, "have already signified their willingness to donate their professional services for the use of those of that portion of our community who are unable to pay for medical attendance."[10]

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†Dr. Guy L. Kiefer told me that his father, Dr. Herman Kiefer, suffered from the disease in 1854. C. B. B.

Dr. E. Halsey Wood writes with customary sympathy and understanding upon cholera, "if ever that blatant, bloviant trumpet-mouthed dame, yclept Fame, does come in this direction, she need not call on me unless she first deposes Koch from the high niche to which she has elevated him, and brings along and lays at my feet the Breant prize."[29]

Koch (1882)-Wood (1884).

"It is now a definitely settled fact that the comma bacillus is the carrier of cholera," said Dr. C. Georg in discussing a paper by Dr. W. Fitz-Hugh Edwards of Detroit on the sanitary management of that disease. In reply Dr. Edwards said that Dr. Georg was undoubtedly aware that many men are investigating and have found in different parts of the body, bacilli so closely resembling the comma bacillus as to defy detection. Dr. Georg replied that such bacilli when tested by Koch did not act like those found in cholera, and asserted again, "It has been definitely settled that the comma bacillus is the carrier of cholera."[38]

Cholera and quarantine occupied the attention of the Detroit Medical and Library Association at its meeting, August 4, 1884. Discussing it, Dr. O. W. Wight, at that time city health officer, said, "I have been through three epidemics and have had it myself. When I was in Italy cholera was raging in Florence. A village not far from that city, containing some 380 souls, had not been infected with the scourge. One night they all retired as usual, and in the morning forty had died." There was but one well in the place. The dejecta of a person from Florence had been thrown into a vault without proper disinfection, "the germs of the disease penetrated the well, and were soon manifest."[29]

In reference to the agency of fear in causation, Dr. McGraw thought that "fear caused diarrhea, and the diarrhea removed the epithelial lining of the bowels, and presented a weak point for the germ to work in."

Dr. Inglis said the sanitary condition of the city was deplorable.

Governor Mason was "arrested by Eliphalet Turner, who brought him to the sheriff, Dr. Withington, and after a stormy and short discussion the governor was allowed to depart, and he instantly started for Mottville.

"The first official act the governor was known to do, was to take away the doctor's commission as sheriff."[24] (Reminiscences of Samuel Pettibone.)

Thus do doctors, both in war and peace, fall in the line of duty. The arrest was made in consequence of a cholera quarantine.

Two cases of "Electricity as an Etiological Factor in Disease" are reported by Dr. David W. Flora of Newaygo in the *Medical Age.* The first is that of a young man highly nervous, subject to attacks "simulating hysterics" who was overcome with the fear of being "a cholera victim" of the epidemic of 1850, which decimated "a small village in southern Ohio." The subject took promptly to bed in the morning and at 4 p. m. was "pronounced dead." Dr. Flora believes the death "was caused by overpowering fear," or rather the "apparent death," for he is now inclined "to believe he was not really dead."[29]

What disposal was made of the *remains* is not revealed. The practical point in this and the succeeding case is, that there is "profound enervation and galvanism promises to restore them." It occurs to the reviewer, however, that to have been effective, it should in the young man's case have been applied previous to completion of the grave-digger's activities.

In the second case, "in company with the minister [he] met the husband of the supposed dead woman with his little four-year-old daughter in his arms, loudly bewailing the mother's death. We found the preparations for burial well on the way, the patient already laid out," but the cyanotic hue having partially disappeared and "the surface warm, particularly over the chest," an attempt at restoration seemed justified, and the minister bravely tackled this semblance of death. A warm bath of about one hundred degrees, followed by dry friction and wrapping in warm blankets, with such other means as non-professionals could command, caused the lady to sit up in bed after two or three hours and drink a cup of tea."[29]

"This, then, is the situation: the future curriculum will leave the pupil nurse no time for routine care of patients. Is it worth while to ask when she is to learn to count a pulse or to give a bath?"[5]

Experience in the second case, above, answers this interrogation. Obviously it is not. Send for the parson or padre.

"In the summer of 1849 the physicians of Grand Rapids had much to do in consequence of an outbreak of Asiatic cholera at Grandville; but, although the disease was extensive and the rate of mortality as high as 35 or 40 per cent, it did not visit this locality [Grand Rapids]. However, in the summer of 1854, it did reach the city; but the visitation was light, there being only three or four deaths here from this cause. The records also tell us that a severe epidemic of typhoid fever broke out in the autumn of 1855, whereby a number of citizens lost their lives. The diseases which characterize the present epoch are of all types and grades of severity. The malarial forms are still observed, although to a much less degree than formerly. We also see a great deal of pulmonary disease; but the chief departure from the line of ordinary diseases as witnessed during the period from 1830 to 1860, has been in the direction of continued or typhoid fevers and the contagious and exanthematous diseases; particularly diphtheria, scarlet fever, epidemic cerebro-spinal meningitis or spotted fever, measles and whooping cough. We also have erysipelas, puerperal fever and diseases associated with modern modes of living; particularly the dietetic, such as various forms of gastric or stomachic and intestinal disorders; also cholera infantum, which destroys the lives of so many children every summer. Finally we have to record, as a result of the hurry and worry, the crowding into one day of the work which physiologically demands two, three or four days, and by which our professional men and merchants overtax their strained and already overwrought brains, the greatest prevalence, relatively, of all forms of disease of the mind and nervous system."[19] (Dr. Schuyler C. Graves.)

"As cholera prevailed in Chicago, particularly in 1854, its cause was mingled with the malarious poison and as in the case with various other diseases in the West and South, the cholera was modified by malaria, and, in most of the cases, assumed more or less of a periodical type.[10] (Dr. A. B. Palmer.)

At a meeting of the Peninsular State Medical Society in 1854, the Society was by resolution appointed a "Committee of the Whole on Epidemics," and plans were made to circularize physicians of Michigan and states adjoining, through a questionnaire. In June of that year four emigrants suffering from cholera were "put off at Ann Arbor" from a "train of third class cars," and placed in suitable quarters as soon as possible, and good medical attendance furnished."[35]

In the same number of the *Peninsular Journal* the prevalence of this disease and means used for combating it in Detroit, Chicago and elsewhere are discussed, and Dr. Zina Pitcher contributes an article on the subject, annexed to which is a meteorological record by Rev. George Duffield, for the months of May to August inclusive.

"The Influence of Drainage, by Henry F. Lyster, M.D."

". . . we propose to discuss and illustrate it by referring to the history of Detroit.

"In the year 1832 the Asiatic cholera prevailed very extensively, particularly at the bank of the river, at the foot of the hill, as it was called, and in the vicinity of a bayou which had become the receptacle of garbage and offal of all kinds. The water in this quagmire was very offensive late in the summer. It was filled up and obliterated in the following year. Upon the return of the cholera in 1834 the effect of this improvement was quite noticeable and the residents in the vicinity escaped very generally.

"During the earlier history of Detroit the usual diseases to be found at different seasons, some of which were very constantly present, were malarious fevers, dysentery, rheumatism, pneumonia, pleurisy, cholera infantum, and croup.

"Until the year 1847 there was absolutely no change observed in this list of diseases, if we except the visitation of Asiatic cholera in 1832 and 1834.

"In the fall of 1847 an epidemic of cerebrospinal meningitis made its appearance, followed by the Asiatic cholera in 1848. . . .

"The Asiatic cholera again visited the city in 1849. It was first noticed in the spring of the year . . . The cholera, when it came, resembled the malignant or congestive form of intermittent fever in its characteristics, and required similar management. . . . The cholera again appeared in 1852, but was not as fatal as in 1849. It also returned in 1854. It was very fatal, and prevailed extensively, but was much more amenable to treatment than in any former year. The character of the disease was changed somewhat, appearing to be less of the congestive or intermittent type."[33] (1875.)

". . . one correspondent reports one case [of cholera] possibly through a misunderstanding of the question."[33] (1876.)

"From the township of Bridgehampton, Sanilac County, there was reported . . . a case of sporadic cholera, and following it in the same family cases of malignant typhoid fever."[33]

"One 'case said to be cholera' was reported by one correspondent."[33] (1880.)

"One case was reported."[33] (1881.)

"One correspondent reported seven cases."[33] (1883.)

Bill passed by State Legislature making appropriation to be used to prevent the introduction and spread of cholera then prevalent in Europe.[33] (1885.)

"A Form of Cholera Caused by Eating Canned Mackerel." ". . . I saw the patients five hours after eating the fish and found them—six in number—with the precise symptoms of Asiatic cholera, but of course in a mild form."[33] (1889.)

"Reports of the occurrence of sporadic cases of cholera were received at this office during the year 1892 from the following named places in Michigan: City of Detroit, one case; Royalton township, Berrien County, one case; and an alleged case of the disease in Barton township, Newaygo County."[33] (1893.)

"Alleged sporadic cases of cholera were reported during the year 1893 from two localities in Michigan, as follows: Calvin township, Cass County, and the City of Grand Rapids."[33] (1894.) "This is the last mention of cholera."[33]

In a letter to the *London Times,* August 6, 1866, it is recorded that there were general and particular atmospheric conditions which prevailed during the visitation of cholera (in 1854). There was "a certain blue mist present night and day which I connected with the epidemic conditions of the atmosphere." It is "most easily discernible through as much atmosphere as possible viewed from under a tree looking under other trees." The only other "tint of mist" with which the writer of the letter is aware "connected with the prevalence of epidemic is that of a yellow mist perceptible in like manner when scarlatina is prevalent."

Commenting upon the above, a writer in the *Detroit Review of Medicine and Pharmacy* mentions that Dr. Cooper, chief medical officer of the Great Western Railway Company, asserts that a similar mist was observed at Varna, during the Crimean War and in the West Indies in 1854, at "both of which times cholera prevailed."

It is obvious that a septuagenarian, born in Michigan in 1856, can have no personal recollection of phenomena in foreign countries observed in 1854, but of "atmosphere" in its artistic implications he has heard not a little, and seizes the opportunity to bring forward an example in connection with the progress of cataract, a symptom of which is a blue and pink (not yellow) halo around artificial lights, particularly those which the "motorist" modestly displays. Furthermore, an explanation of that visual incompetence which renders the subject unable to differentiate the trees from the forest, is tentatively offered—that he is suffering from an attack of the "blues."

Additional evidence that blood is thicker even than Thanksgiving turkey gravy is unnecessary after reading the above British medical opinion copied by an American cousin three thousand miles away and overseas at that.

"With this terrible cholera we lost many of our friends, and among others, our dear old 'Granny Peg,' my mother's faithful nurse, a Guinea negro who could never be converted to Christianity. She died in my arms, and I went out into the night to find the 'death cart' which passed the streets day and night, calling 'Bring out the dead!' One evening a charming young man from Boston sat with us on the door-step, sipping a mint julep (thought to be a preventive of the disease). He was well, gay, at parting; by the morning he was dead."[32] ("Autobiography of an Octogenarian"—Miss Emily V. Mason, sister of Michigan's first Governor.)

CHOLERA MORBUS (?)

Among "prevailing diseases," March 1878, Dr. William Brodie discusses "symptoms more or less dysenteric," the cause of which "is laid by many to the water supply, the new water-works being situated contiguous to the extensive marsh above the city."[31]

"The bowel-trouble is easily managed," he writes. "A few doses of castor oil emulsion with paregoric added generally suffice." For the "slightly jaundiced" cases he found a prescription of calomel, quinine, opium, ipecac and capsicum, "answered a good purpose," and advised "hot applications to the bowels with quiet in bed."

CHOLERA INFANTUM

Dr. John Flinterman of Detroit was of charming personality, highly esteemed by the medical profession, a graceful and convincing writer, scholarly, and of exquisite refinement. Before the Detroit Medical and Library Association he read in 1884 a brief but startling paper on the above subject. He writes:

"Between, June 1, 1882, and May 31, 1883, there died in the city of Detroit from the above-named disease 151 children. The following 12 months the mortality from the same disease reached 211, and during the month of July, 1884, 111 children died of it. The whole number of children under one year of age, removed by death during the same month, was 217. Of this large number the causes of death have been differently reported on the death certificates. In 111 cases, cholera infantum was given as the cause of death; in a great number of the remaining cases different causes of death were certified to, as for instance, diarrhea, summer complaint, etc.

Therefore, one would be justified in stating that of the whole number of children dying under one year of age, only a small portion died from other cause than cholera infantum. The highest death rate from diphtheria during the year 1883-1884 was in the month of December, 1883, when 48 cases terminated fatally. The whole number of deaths from diphtheria in the year was 349. Diphtheria never reached such a high monthly death-rate as cholera infantum, and at the same time it has to be taken into consideration that the whole number of fatal cases is derived from children up to the age of 14 years.

"I have not touched the question how we should feed children, for which mother's milk cannot be procured. I only want to say there is no surrogate for milk. A child without its mother's milk is deprived of a natural right, and a mammary gland should be found for him somewhere, if possible. The symptoms of cholera infantum are known to every one of us. The plans of treatment followed when cholera infantum has broken out are various, and I am not able to give you one that is infallible. My intention was to show in the high mortality the fact that children brought up by the bottle are the chief victims of the disease, and the importance of utmost care in feeding children, not forgetting, however, the beneficent influence of pure air, good water, and healthy homes."[29]

In the discussion following, Dr. Warner cited the very large death-rate at some of the children's hospitals in other cities, which are due to the number of children brought up on the bottle.

Dr. McGraw: "The late Dr. Richard Inglis said cow's milk for children is poisonous. Cows kept in the city are exceedingly poor, because of lack of sun, exercise and green grass. I have found that condensed milk acts well in place of a wet nurse."

Dr. Carstens: "The milk of the mother is an excellent preventive of cholera infantum, but when the mother is worked and worried to death, gets into irregularities of diet, the child's health is affected, and intestinal diseases are sure to result. But one of many cases of diarrhea that I have seen among children this summer, was in a nursing child, and that was due to irregularity in the diet on the part of the mother, together with bad hygienic surroundings."

Dr. Hutton: "I came, hoping to get some new thoughts upon the medicinal treatment of cholera infantum. I have used and have had exceedingly good results, from ½ . . . of a grain of calomel, with 10 grains of sugar, repeated every two or three hours."

Dr. Flinterman: "Calomel is a rational remedy, but Dr. Koch has recommended the bichloride as the best medicine, given as an antiseptic, though I suppose calomel acts in the same way.

"For medicinal treatment I give the bromides of potassium and ammonium with Dover's powder."

Dr. Charles Douglas (1843-1922) of Detroit was regarded a "pioneer" in specializing in the diseases of children.

Smallpox

"A disease known as black measles caused many deaths in a village near Detroit a couple of years ago. It, however, either did not attack at all or attacked very mildly those who were vaccinated. It occurred also in the practice of but one physician. All other physicians had smallpox to deal with."[31]

Dr. S. M. Axford of Flint was one of the early advocates of compulsory vaccination.[36]

"Not one of the older residents will forget the drug firm of Shepard and Putnam. Dr. Shepard was quite an old physician when I came here. He had been a resident of the town some fifteen years, which carried one back to the beginning of things in this then embryo city. I remember an incident that Dr. Shepard related at one of our Old Residents' meetings, when he was president of the association. The meeting was held at the Morton House. He said, 'As I was coming through the State from Detroit to Grand Rapids, I came upon a tribe of Indians on the Flat River. I could not speak the Indian language at all, but the Indian chief seemed glad to see me and, being an Indian, welcomed me as a physician. I found that the tribe were suffering from smallpox which had broken out among them. While in Detroit, I had fortified myself with some vaccine matter, and, with the consent of the chief, I applied the remedy to the entire tribe who were well or convalescent and remained among them for some little time before continuing my journey to Grand Rapids. When at last I told the chief that I must go on, he put his hand on my shoulder and uttered his thanks in impressive Indian words.'

"This was the doctor's first practice in Michigan. How long he lived in our midst! How sadly was he missed! When seventy-two years of age there was a birthday party given for him, when he seemed to be not over fifty. I think he lived to be about eighty-four years of age."[32] (Harvey J. Hollister.)

"The settlers were generally healthy, but sometimes the dreaded smallpox made its appearance. In 1703 it came to Mackinaw and carried off a great many of the aborigines. Its ravages filled the Indians with terror, and Cadillac with characteristic shrewdness turned their panic to good account. 'You die of smallpox because you remain at Mackinaw instead of coming to Detroit,' he said to some Chippewas from the north. 'If you persist in remaining there against my wishes, I will send something more deadly than smallpox among you.' In 1732 and in the winter of 1733-1734 there were also numerous cases of smallpox in Detroit and many were fatal."[27]

"The smallpox having made its appearance in the detachment renders it necessary that all such troops as have not had that distemper be immediately inoculated—Dr. Carmichael will therefore call upon Major Ashton and Lieutenant Campbell for a return of the men with their names, who have not had the smallpox, and order them to the Hospital encampment for inoculation; he will also direct *Vaults* and *Shades* and cause a camp Guard to be formed out of those intended to be inoculated and the ablest of the convalescents in order to prevent them mixing with the other Troops."[32] (General Wayne's Orderly Book.)

"In all the white settlements of America, and also among the Indian tribes, smallpox was a recurring scourge, and hundreds of thousands are known to have died of the disease during the seventeenth and eighteenth centuries. Vaccination, the great preventive and ameliorative, was not discovered until 1796, by Dr. Edward Jenner, and several years elapsed before it was introduced into the western hemisphere. Under early American rule smallpox was prevalent in Detroit, its spread being greatly aided by the popular prejudice against inoculation with diseased matter from a cow's udder. It was not until the early '30's that vaccination was freely practiced, and in 1836, when the prospect of the Territory being admitted to the Union attracted educated emigrants and physicians from the older States, the new treatment ecame general. Dr. George B. Russell who came to Detroit in 1836, and is still living [1898] was very successful in treating the loathsome affliction. He never used the bovine virus, but treated the disease exclusively by human virus obtained from pustules of infants. In October, 1837, he learned that a tribe of Indians from the Saginaw country, who had come to Detroit to receive their annual presents, had camped on Connor's Creek, on the Connor farm, near Gratiot avenue, a few miles from Detroit, and that smallpox had broken out among them. He provided himself with a quantity of vaccine matter and went there. About a dozen of the Indians, in five tents, were in the early stage of the disease. He at once commenced operation, working continuously through the night and the forenoon of the following day, and vaccinated the whole tribe, about 750 persons. None of the patients died.

"Five years afterward Henry R. Schoolcraft, the famous Indian ethnologist and historian, learned of this episode from his daughter at Albany, and at once took steps to reward it. Making the proper representations to the Indian Bureau, he procured an appropriation, and in 1842 Dr. Russell received $700 for his humane services. Later in the same year Dr. Russell caused to be built a smallpox hospital, which was probably the first of its kind in Detroit or the West. It was a cheap one-story shed, about 20 by 50 feet, with doors and windows, and was located where the House of Correction now stands, in rear of the old city cemetery on Russell street. This hospital was intended for homeless and destitute patients, principally colored people and white emigrants. It was used from 1837 to 1839, a period of over two years, and about 200 patients were treated during that time. The patients were generally exposed for some time before being admitted to the hospital, and about one-half of them died. Dr. Russell says that the confidence in the curative powers of vaccination was so general at that time, that many families of limited means were glad to receive smallpox patients in their homes, in order to secure the money for boarding and nursing them.

Dr. Zina Pitcher had a smallpox patient, and not finding suitable accommodations for him at the National Hotel (now Russell House) took him to his own home. Dr. Peter Klein, who was county physician in 1848-1851 and in 1854-55, says that the small house on the Antoine Beaubien farm, on what is now Elizabeth street, between Antoine and Beaubien streets, was used as a smallpox hospital during part of the time of his first incumbency of that office. It consisted of two big cabins close together, and was used by the city for patients.

"St. Mary's Hospital, which, under the name of St. Vincent's, was first opened in 1845 and removed to its present site in 1850, received smallpox patients up to 1861. The hospital was in charge of the Sisters of Charity. The patients were lodged in a frame house on Clinton street, on the east side of the present hospital building. In 1861, after the war of the Rebellion commenced, a smallpox hospital intended principally for soldiers, went into commission on the east side of St. Aubin avenue, on the commons, about one hundred feet south of Kirby avenue. The land was owned by the Sisters of Charity, and that corporation erected a building, which was a two-story frame house with an L. Sister Mary Claire, who has been in charge of the smallpox cases as nurse since 1858, assumed the task of the new hospital. At the close of the war the disease abated, but indigent patients continued to be treated there. In 1870 the city purchased the old frame building, removed it to the lot and joined it to the existing structure. It then became a city hospital under the control of Poor Director Willard.

"The prevalence of smallpox during the early '70's caused a demand for a hospital outside of the city. On October 18, 1872, the city purchased from Frederick Ruehle a parcel of land in Grosse Pointe township, north of the mouth of Connor's Creek. It was intended as a site for a permanent smallpox hospital, but owing to the opposition of residents in that township, no building was erected, and the land has since been leased for farming purposes.

"In November, 1876, smallpox was prevalent throughout city. Dr. J. P. Corcoran, then one of the city physicians, and later one of the Board of Health, was given charge of these cases. Sisters Jene Rose and Agnes, of St. Mary's Hospital, were the nurses. Up to July, 1877, there was an average of twenty cases per week at this hospital. During the same time there were about 1,000 cases on Hale street, between Riopelle and Dubois streets, and adjacent thoroughfares, principally among Polish families. In the same month the Board of Health enforced a general vaccination in Albertus's Church School. This practically stamped out the disease, and there were very few cases during the following winter. In the spring of 1878 the hospital was burned by order of the city.

"In 1880 smallpox again broke out in the northeastern part of the city, and Controller H. P. Bridge went out on St. Aubin avenue to see about reestablishing another hospital in that locality. His errand being discovered, he was nearly mobbed by the Polish residents, and he then consulted with the authorities in regard to the exigency. As a result another hospital was fitted up on Twelfth street, north of the city limits, in the township of Greenfield, which was in use some three months during the year, with Sisters Pacifica and Justa as nurses. Dr. Morse Stewart was the physician in charge.

"Owing to these recurring outbreaks of the disease, it was deemed desirable to place the health department of the city on a better footing, the Board of Health not having the necessary authority to enforce sanitary measures. The requisite authority being procured by a legislative enactment, Dr. O. W. Wight was appointed health officer in 1881, with enlarged powers. A smallpox hospital was established on the north side of Farnsworth street, east of Russell street, in the fall of 1883. It was used for about two years, and was then burned down. Meanwhile Dr. Wight designed the plans for an octagon-shaped hospital on the west side of Crawford street, just north of Gilbert avenue. This was first occupied in the fall of 1885, and the nurses were Sister Superior Frances and Sisters Mary Claire and Magdalene of St. Mary's Hospital. It was burned down in 1892, presumably by an incendiary.

"A case of smallpox was found in a two-story frame building on the corner of Marion and Hastings streets, used as a saloon and dwelling, on May 28, 1894. The four rooms in the house were then used as a hospital, and fifteen patients were treated successfully. It was discontinued on July 1, 1894.

"At the time the last named hospital was discontinued preparations were being made to erect a new building on Crawford street, on the site of the burned hospital. A temporary hospital, consisting of canvas tents, was erected, and some twenty-five patients taken there in July, 1894. During the first night a storm prostrated all the tents, the patients were drenched by the rain, and several died from exposure. This caused great excitement throughout the city, and the Board of Health was directed to build a permanent structure on the same grounds forthwith. The new building was completed a month later, and was immediately occupied by about fifty patients. During the smallpox epidemic of that year, Health Officer Duncan McLeod was removed on July 20, and Dr. Joseph Schulte appointed as acting health officer. Dr. Schulte served until November 5, and was succeeded by Dr. N. W. Webber. On January 8, 1895, Dr. Duncan McLeod was reappointed. Mayor Pingree called a public meeting to protest against the passage of a bill pending in the legislature, giving the appointment of the health board to the governor and senate. The meeting, which was held on January 27, 1895, was stormy and indeterminate in results. The bill passed the legislature, and the new board appointed Dr. S. P. Duffield, and Dr. McLeod stepped down and out on March 4, 1895.

"In all the smallpox hospitals from 1876 to the erection of the present building on Crawford street in 1894, except the one on Twelfth street, Dr.

J. P. Corcoran was the physician in charge, and was extremely successful in his management and treatment."[27]

Dr. Harry Gilbert, born in Canada in 1846, obtained his early education at Simcoe, was graduated in medicine in New York, came to Bay City in 1874 and for six years specialized in ophthalmology and otology. Thereafter he engaged in general practice and since 1900 devoted himself largely to contagious diseases.

He was one of the first health officers of Bay City "appointed by the Bay City Board of Health as now constituted" (1905), and "holds an appointment under the Board of Supervisors as smallpox specialist . . . has reversed the old methods of treatment . . . very few of his patients show any marking after recovery. To have conquered, through zeal, watchfulness and personal courage a dreaded scourge, which has afflicted the human race certainly since A. D. 572, one which has attacked the king on his throne as surely as the child in the slums, is something which justified a feeling of pride . . . Dr. Gilbert has handled over 1600 cases in the present epidemic without any fatal cases."[18]

"It was in February of 1850 that I passed through Lansing . . . the smallpox broke out in town that winter and the legislature hastily adjourned and went home."[32]

Like the poor, smallpox has always been with us. When and by what agency it was introduced among the Michigen Indians is not clear. It was in their midst, however, and evidently in confluent form as early as 1783 as the following laconic letter from Mr. Codall (Cadotte?) to Mr. Gauthier reveals.[32] (Haldemand Papers.)

> Sault Ste Marie,
> 16th June, 1783.
>
> Sir and Friend:
>
> As I will not delay leaving I will write to you the news from Lake Superior. All the Indians of Fond du Lac Rainy Lake Lac des Sables and other surroundings are dead of small-pox.

And from Detroit June 30, 1796, Colonel McKee wrote to Mr. Chew as follows:

> Apprehending it extremely probable that the small-pox may be introduced among the Indians soon after the evacuation of the Posts I beg to submit to Lord Dorchester's consideration whether it would not be proper in order to avert so dreadfull [*sic*] a Calamity to take every precautionary step and have the Assistance of a skilful surgeon or Hospital mate whose particular duty should be to attend them and to introduce enoculation [*sic*] as soon as it makes its appearance or as fast as their prejudices can be overcome.

Mr. Joseph Busby, contributing "Recollections of Pioneer Life in Michigan," writing of cholera in 1832, mentions that "there were also many cases of smallpox and bilious fever."[32]

From Island of St. Joseph September 28, 1798, Captain Drummond wrote to Captain Green calling for medical assistance, "being already under the Necessity of sending some from here who was in dangerous situation."[32]

"During the year ending September 30, 1882, there were in Michigan more than 100 outbreaks of smallpox in about sixty-one localities. In the outbreaks of which accounts have been received there were reported 589 cases of smallpox and varioloid, and 159 deaths therefrom. This number of cases does not include the number of cases in the large outbreak at Spalding. If there were accurate reports from this locality, the total number of cases would probably be over 600. The above number of deaths is also smaller than the the actual number because of deaths not reported, which would probably make the number about 175."[33]

"Smallpox has existed in Michigan since the earliest settlements of the territory. From the first year in which vital statistics were collected in this state and reported to the Secretary of State (1867-1868) to the year 1884, inclusive there were reported to the office of the Secretary of State 962 deaths from smallpox. The greatest number of deaths in any one year (302) were reported in 1872. In this year the per cent of deaths from smallpox to deaths from all causes was 2.26. The per cent of deaths from smallpox to deaths from all causes in the year 1884 was .017, or the least of that reported in any year during the period. In this year three deaths occurred. Since the organization of the State Board of Health, smallpox has not been allowed to spread to an alarming extent. To be sure, 159 deaths were reported during the year 1882, but they were the result of over 100 outbreaks in about sixty-three localities, owing to very large immigration from ports infected with smallpox. In sixteen of these localities smallpox was confined to the first case."[33]

"There were reported to the Secretary of the State Board of Health forty-one outbreaks of smallpox, in the thirty-six local jurisdictions, as having occurred in Michigan during the year 1894; and in these outbreaks there were reported to have occurred 285 cases and sixty deaths."[33]

"Twenty-five new outbreaks of smallpox were reported during the year. There have occurred in the state, including Detroit, 193 new cases and forty-eight deaths, which with the seventeen patients which were still sick in Detroit at the close of the year 1894, make a total of 210 cases and forty-eight deaths during the year 1895."[33]

"The outbreak which began in Detroit in May, 1894, still continues . . . From the beginning of the outbreak up to October 1, 1895, there have occurred in the city of Detroit 268 cases and sixty-nine deaths."[33]

"It will be noticed that cases and deaths from smallpox were not very numerous in Michigan from 1884 until 1894, in which latter year the disease assumed considerable importance in this state as part of a general epidemic of smallpox which extended over the northern states. In 1895 the prevalence was much less than in the previous year, but compared with an ordinary year, smallpox might still be considered epidemic."[33]

"In 1895 the cities of Detroit and Battle Creek seem to have been the principal foci of infection, they having a large majority of the cases."[33]

"At the beginning of the year smallpox was still present in Detroit.

Outside of Detroit there have occurred in the state during the year 1896, sixteen cases and two deaths. Every one of these outbreaks was due directly or indirectly to infection spread from Detroit. From the beginning of the outbreak in Detroit in May, 1894, until its ending in April, 1896, there occurred in the city of Detroit 298 cases and eighty-five deaths.

"Since April 18, 1896, to the close of the year 1896, the state is believed to have been entirely free from smallpox."[33]

"During the year ending December 31, 1900, there were reported to the Secretary of the State Board of Health 100 outbreaks of smallpox in ninety-five localities in Michigan, which resulted in 694 cases including nine deaths.

"The mild but widespread epidemic of smallpox which has been prevalent in Michigan during the year 1900, is a part of the general widespread epidemic now prevalent in many sections of the United States. A marked characteristic of the disease has been its extreme mildness. In the year 1900 only nine deaths have been reported to have occurred out of a total of 694 cases, which gives the exceedingly low fatality of 1.3 deaths per 100 cases. Notwithstanding the very unusually large number of cases of the disease, the number of deaths in this state in the year 1900 has been less than the average for the eight years, 1892 to 1899."[33]

"During the year ending December 31, 1901, there were reported to the Secretary of the State Board of Health 620 outbreaks of smallpox in 449 localities in Michigan, which resulted in 5,088 cases including thirty-one deaths. A marked characteristic of the disease existing in Michigan as in other states has been its extreme mildness."[33]

"During the year ending December 31, 1902, there were reported to the Secretary of the State Board of Health 809 outbreaks of smallpox in 591 localities in Michigan, which resulted in 7,086 cases, including forty deaths."[33]

"During the year ending December 1, 1903, there were reported to the Secretary of the State Board of Health 710 outbreaks of smallpox in 520 localities in Michigan, which resulted in 6,341 cases, including thirty-three deaths."[33]

"During the year 1904 there were reported to the Department of Health 714 outbreaks of smallpox in 540 localities, resulting in 5,753 cases, including twenty-four deaths."[33]

"During the year 1905 there were reported to the State Department of Health 374 outbreaks of smallpox in 301 localities resulting in 2,985 cases, including seventy-four deaths—2,768 cases less and fifty deaths more than in 1904."[33]

"In 1906, compared with the number of cases and deaths from smallpox in the preceding year, there were 1,745 cases and seventy-one deaths less."[33]

"Smallpox was unusually prevalent in 1910, compared with former years, also unusually fatal. During the year 1910, smallpox was reported present in 1,412 households, with an aggregate of 3,319 cases, including 120 deaths."[33]

"The number of cases of smallpox recorded during 1918 was the greatest number since 1904, while there were more deaths reported to this department during this year than in any year since 1910."[33]

"At the present time [1885], so far as known, there is not a case of smallpox in Michigan. Typhus fever was reported at Grand Rapids, Michigan."[29]

"Dr. Wight at the Sanitary Convention at Ann Arbor shows" that inoculation failed to be a satisfactory method of combating smallpox.

"He calls attention to several groupings of facts showing that vaccination furnishes the best method for fighting smallpox.

"1. The great mass of enlightened believe in it.

"2. Educated medical men are almost unanimous in favor of vaccination.

"3. The governments of nearly all civilized nations favor vaccination.

"4. Statistics on a large scale demonstrate the utility of vaccination.

"5. Special statistics also demonstrate the benefits of vaccination.

"As to the degree of protection of vaccination when it is properly performed it is as complete a protection as smallpox itself.

"As to the source of the virus, all things considered, he regards the bovine virus the most available. Vaccination being the means of combating smallpox, Dr. Wight thinks that the State under its State Board of Health should establish a farm for the propagation of the pure virus, and that under the same authority public vaccinators should be appointed who should see that all the people are properly vaccinated.

"When cases of smallpox occur they should be isolated and when they recover the house in which they have been should be thoroughly disinfected. While houses for those taken with smallpox should exist, he thinks the name pest house should be dropped. Then he details the plan of a flame-ventilated hospital which he has devised. It strikes us that such an hospital would be a success in all respects."[9]

From the interest that a paper by Dr. Charles T. McClintock of Detroit on "Vaccine" (for smallpox) excited in the State Medical Society in 1899 one is puzzled to know what constitutes a "good" vaccination and what the evidence of it. The author was, modestly, inconclusive, experts like Drs. Biddle, Carrier, Crane, King, Hafford, were of inquiring mind, and Dr. Pettyjohn suggested that what the pharmacists "produce in these days may be 'too highly refined.' "

"The sanitary inspection [1886] on our frontier has accomplished the following results according to the testimony of Dr. H. R. Mills of Port Huron:

"1. It practically cleared the country of smallpox in the years 1882 and 1883.

"2. It protected the State and the Northwest against the spread of the epidemic at Montreal and vicinity in 1885.

"3. It has had much to do with impressing on the public mind the efficacy and necessity for frequent vaccinations.

"4. It has brought in plain view the fact that the Province of Quebec is the home and hot-bed of smallpox—always to be watched.

"5. It has demonstrated the fact that the sanitary inspection of immigrants, and other suspected travelers on our eastern border, is feasible, and can be accomplished without great annoyance or inconvenience to the traveling public or railway corporations.

"6. And, finally, it has established beyond a doubt that the inspection should be made perpetual, and when made perpetual we should not hear of any extensive epidemics of smallpox in the future.

"7. A constant inspection service would soon do much towards the prevention of epidemics of other contagious diseases."[38]

It may be pertinently inquired whether forty years later the exigencies of booze exclusion permit as high degree of efficiency in the service.

"Dr. Beebe, who came to Adrian in 1831, had a successful practice for about a year. In 1832 he died as a result of smallpox acquired while in attendance upon a patient."[16]

Dr. W. F. Breakey of Ann Arbor in 1889 felt called upon to question "the attitude of the State Board of Health to favor a sort of 'local option,' or to favor general vaccination, but opposed to a state law requiring it." He thought the position might be modified with consistency at least as to "partial compulsory vaccination."[16]

Dr. Vaughan's remarks in the discussion following, concerning his own successful measures of protection to himself and the public when in attendance upon a case isolated in the "third story" of a house, is strongly reminiscent of a similar experience at Oak Grove of the writer in the case of the only smallpox patient he was ever called upon to treat.

"Dr. William McCoskry, garrison physician, Detroit, receives a communication from Samuel Dexter, Albany (1810): 'Owing to the embargo and non-intercourse many articles in the drug line have become scarce and of course advanced. The vaccine matter was promised to be furnished by a number of our physicians if I could wait a few days. They all have been unfortunate this season and impute it to the uncommon warm weather. As soon as I can obtain it that I think will answer will forward it per Mail.' "[6]

Vaudreuil writes from Quebec, October 12, 1717, that Louvigny, sent on expedition to the Fox Indians, "was unable to settle anything" with them. "This was due to the smallpox which prevailed in the Colony from autumn to last spring and carried off many of our people. The two principal hostages of the Fox Indians died of it, one of whom named Pemoussa, the great war chief of that tribe, was a man of good intelligence and of great influence with the tribe."[32]

Red tape, or whatever was used one hundred years ago as a substitute therefor, wrapped itself about the federal bureaus and restrained activities then as now.

The writer was unable to discover in the following lengthy correspondence respecting Dr. Winslow's conscientious services that he was paid for prophylaxis among the Indians:

The United States, Indian Department
To Erasmus Winslow Dr.
1831
July To Vaccinating one hundred and ninety-six Indians at 75c.................... 147
Interpreter 10
I certify on honor that I believe the above amount correct and just— $157
J. Stewart Sub Agent
St. Josephs July 20th, 1832†
(Signed Duplicates)

Remarks showing the object of the expenditure—
To prevent the spreading of the small Pox, and pursuant to law on that subject—to stop the the [*sic*] spread of the small Pox amongst the Indians—[32]

"J. Stewart to Gov. Porter
Smithsonian-Schoolcraft Papers—File Case A No. 325
[July 20, 1832]:

Govr. Porter

Sir,

I believe the within accounts of Doctor Winslow's ought to be paid—I have no doubt his exertions and skill entitles him to a portion of the compensation allowed by the late law of the United States—he no doubt did much in preventing the small Pox spreading in this section of the country—

Very respectfully
Your obt. Sevt.
J. STEWART

St. Josephs
July 20th, 1832—

(Indorsement)

1832
July 20)
J. Stewart
Sub Agent
St. Joseph's
Enclosing a/c of Dr. Winslow for Vaccinating
Indns.
$157
See Letter to War Depart.
Oct. 5, 1832

(Address)

Govr Porter
(in pencil)
Ammg Maumee papers

(Enclosure)

D. Kurby to Gov. Porter
Smithsonian-Schoolcraft Papers—File Case A. No. 262:

War Department
Office Indian Affairs
October 31, 1832

Sir:

In the absence of Judge Herring, I have the honor to acknowledge the receipt of your letter, transmitting the account of Doct. Winslow for vaccinating the Indians of the St. Joseph's Sub Agency.

I return the account, which cannot be paid in its present shape.

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†Fort St. Josephs was on the River St. Joseph near the present location of Niles (*See* illustration, Chapter III.)

Will you please to require Mr. Stewart to produce the authority for employing Doct. Winslow, a statement of the number of days employed in this duty, the number of miles travelled, and the amount of the actual expenses.

You will also request Doct. Winslow to furnish you with a copy of Mr. Stewart's letter, appointing him to this duty, if any was written, the date at which he commenced, and the date at which he finished the vaccination, with the other particulars mentioned in the preceding paragraph.

Circumstances have come to the knowledge of the Department, which render it important, that the answers upon all the above points should be full and precise. The question of payment and the amount will be determined upon receiving your report.

I have the honor to be
Sir, very respectfully
your obt. Svt.

D. Kurby.[32]

E. Winslow to Gov. Porter
Smithsonian-Schoolcraft Papers—File Case A No. 325:

Niles M T/ April 6, 1833.

To His Excellency G. B. Porter,
Sir,

In relation to that a/c which I sent you by Mr. Mason last summer, Mr. Green says he recd from you a letter of instructions requiring the certificate of the agent who employed me and for the time spent, etc. The letter he lost.

In the spring of 1831 the indians heard the small pox was in the country they became very much alarmed and immediately came to me and wished I would do something to save them from the dreadful approaching malady. I immediately wrote to Col Owen He "said he had no authority to employ physicians to vaccinate the indians, but had no doubt that the Gen. Gov. would recompence me for my services." This was also the opinion of Col Edwards and Col Stewart. I proceeded at my own risque and vaccinated what there were in this vicinity at that time. I considered it an act of humanity and should have done the same had I have had no prospect of receiving a compensation, for I could never have looked coolly on and seen the indians suffer in that manner when it lay within my power to render them assistance. If the Gen. Gov. are willing to compensate me I should be very thankful. In the spring of 1832 Col Owen employed me to vaccinate the indians which were near here (most of them had previously been) I did so and recd my pay last fall. I have the honor to be Sir

Your Obt. Servant

Erasmus Winslow.

I know that Doct. Winslow was very vigilent [*sic*] in relation to the vaccination of the Indians, and I believe his claim ought to be allowed for his services in 1831, the amount of which is about $150.

J. Stewart.
Apr. 6th, 1833.[32]

Tuberculosis

Dr. Salisbury's theories of the causation and treatment of consumption came in for lengthy and repeated discussion in current medical publications in 1880. "Laennec and his followers who maintain tubercle to be the *fons et origo mali* (another theory based on inaccuracy which has been greedily accepted by many) only complicate the matter still further, inasmuch as they do not attempt to explain why tubercle should break down." "The process of phthisis appears to me one and indivisible; and it attacks all kinds of pulmonary structure incapable, either from inherited or acquired peculiarity of structure (deficient vitality if you will) of resisting the inroads of the destroying agent. Here, however, I am stopped, as I have failed to discover or arrive at any clue which may tend to the discovery of this particular agent. I look to Dr. Salisbury to lift me out of this slough of despond. Tubercle I look upon as in all cases a secondary formation, due to irritation of tissue resulting from the presence of septic matter." etc., etc.[31]

"The doctrine of the infectious nature of tuberculosis is certainly not a new one although it has received very little support . . . The weight of testimony has been opposed to the theory . . . A recent report, however, by Conheimer [Conheim?] to the Leipsic faculty will tend to strengthen the position of the few who hold to the former theory and possibly to convert others to it."[31]

Slow was the progress.

"Seeing then that we know of no plan of treatment, through the suspension of which the consumptive patient would suffer probable injury, why should not the Salisbury method be tested?"[31]

Lest present-day readers may not be aware in what this plan consists it may be stated that "The prime element of the disease is defective alimentation, by which a vegetation is introduced into the blood through the alimentary canal. This vegetation is a yeast plant. Tubercle is an accident or secondary condition due to capillary embolism . . . The treatment . . . consists in the removal of the yeast from the blood by starving out the yeast."[31]

This is done through food and medicine, a regime of baths, and so forth. Water, water, tea, coffee, everywhere and all of it to drink, food in infinite variety and medicines of which fortunately it is not expected "that the patient will take all the medicines stated."[31] He simply *couldn't.*

Editor Mulheron doubts "whether the therapeutics of consumption is further advanced today [1879] than it was half a century ago"—this notwithstanding the theory of Dr. Salisbury of Cleveland, whose work he reviews, that it is "a disease arising from continued unhealthy alimentation, and must be cured by removing the cause."[31]

Consumption was in those days (1836-1837) almost unknown in Michigan, writes a pioneer, C. B. Stebbins.[32]

This statement may be readily accepted for two reasons—first, that the population was very small, and second that mainly the hardy emigrated to the new country. Weaklings were left in the more comfortable East or the sunny South and not subjected to pioneer experiences. A theory that the writer draws from the relative immunity is, however, less tenable. He would "give the devil his due" in declaring that therefore the "horrible disease," fever and ague, was not an unmixed evil. He knew of sufferers from consumption, he says, who coming to Michigan were "fully cured of that disease by a change in their ailment to a less dangerous bilious malady."

Exponents of the cure of paretic dementia by inoculation of the malarial organism lower your haughty heads. The mosquito was apparently useful as an antitoxic agent before any of you were born.

But while tuberculosis was admittedly rare it is recorded of an old Indian doctor buried in 1833 in the Catholic burying ground in Kalamazoo, that he had two sons, also a daughter who was deaf and dumb, and that "two of his family died of consumption."[32]

Dr. Guy L. Kiefer furnishes the information that no mention is made in State Board of Health reports of tuberculosis among the Indians.

Under the heading "Bacteriomania," the *Medical Age* says: "In his inimitable inaugural address [1885] delivered before the New York Academy of Medicine, Dr. A. Jacobi, president, touches, among other things, on the bacterium craze. He refers to the ludicrousness of attributing every disease to a coccus, and begins to fear a rebellion like that recently aroused against piano-playing in a European city. Is not music a godly art, and the piano a blessing to the musician? But the playing of fifty thousand beginners in a large city is a nuisance? When bacterio-microscopy, in the hands of beginners, becomes noisy, like piano-playing—noisy in books, pamphlets, and journals—Dr. Jacobi submits that a gentle protest is permissible. That protest is not meant for the masters who know how to wait and mature. It is not meant for Robert Koch and his peers, who, all of them, are more modest than their followers. When the kings build, the cartmen are kept busy—and boisterous."

Also, "Dr. Jacobi traces the present state of the bacteriomania to the political events through which Germany became the empire which her historians predicted and of which her youth dreamed. The influx of the five thousand millions of francs which she received as a war indemnity turned the heads of her people and unsettled the foundations of regular development."[29]

"The recent experiments and discoveries regarding the behavior of the specific contagion; the 'bacillus' has not settled the question in the minds of a large majority of the profession," writes Dr. E. L. Shurly in 1885.[29]

Dr. E. L. Shurly, professor of laryngology and clinical medicine, Detroit Medical College, contributed to the *Medical Age* of 1885 a series of interesting lectures on Phthisis Pulmonalis. He writes, "Among the exciting causes, that which will stand out most prominently is the *bacillus tuberculosis* which is by many regarded the *sole cause* of phthisis pulmonalis," but for the operation of this cause, he adds, certain conditions are requisite, and many individuals are exempt in consequence of *natural immunity.* As to *acquired immunity*, as that present in certain other diseases through previous attack, vaccination or inoculation, "no such *acquired immunity* applies to the disease which we have under consideration, inasmuch as neither an attack of phthisis from which the patient recovers, nor any inoculation of septic material, is a fortification against a subsequent attack."

As to contagion he writes, "Although as we have already seen, phthisis pulmonalis pathologically speaking, is an infectious disease, the question of its endemic or epidemic infectiousness or contagiousness is far from being settled. The recent experiments and discoveries regarding the behavior of the specific contagion, the 'bacillus,' has not settled the question in the minds of a large majority of the profession."

He will not take "time to reiterate . . . the discussions *pro* and *con* on this subject," gives the conclusions on which the arguments for are based, but says "while admitting the local infectious character of so many cases of phthisis pulmonalis, if it were so generally contagious as has been held it could not have escaped the observation of so many acute practical physicians."[29]

Couldn't it?

He adds, "Notwithstanding the uncertainty of the present question, it behooves all practitioners to give the attendants about such a patient the benefit of the doubt," and advises scrupulous cleanliness and antisepsis.

Dr. John Flinterman of Detroit gave, in 1888, to the State Medical Society an elaborate, thoughtful and convincing résumé of the work of Koch in tuberculosis. Among his conclusions were that tuberculosis is infectious and caused by a certain parasite present in all products caused by tuberculosis and that no bacillus can be found in non-tuberculous tissues.

He declared that Koch had been exposed to the "most obstinate and unjust contradictions, but he has made it his duty to prove the truth of his discovery beyond any and all doubt." He quoted Pasteur "*Il est au pouvoir de l'homme de faire disparaitre de la face de globe les maladies parasitaires, si, comme c'est ma conviction, la doctrine des generations spontanees est une chimere.*"[38]

At the same meeting Prof. Heneage Gibbes of Ann Arbor voiced the conclusions:—

"That phthisis and tuberculosis are distinct diseases in their causation, although the result is the same, viz., destruction of the lung substance.

"That the tubercle bacillus is not yet proved to be a concomitant of the process of caseation."

He stated indulgently that he had "no animus against this bacillus. I simply contend that its status in society is not yet determined."

Dr. Brodie was, of course, "sorry to talk on this subject." His grief over discussion was, as this History reveals, perennial. In this case he wanted to be shown and would have more faith when "these gentlemen that are so carried off with this new theory can demonstrate to me how these bacilli are originated."

As if anybody ever knew how anything originates.

Dr. E. L. Shurly believed "about as he [Dr. Gibbes] does."

Dr. C. V. Tyler of Bay City said that Dr. Lyster's conclusions on undrained lands as the cause of the tuberculosis were contrary to his judgment and experience.†

Dr. McColl of Lapeer averred that "people that came from the Eastern States, suffering from lung troubles who contracted malaria, very frequently got rid of their consumptive troubles."

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†Dr. Lyster's paper was in questioning spirit rather than dogmatic.

Dr. G. K. Johnson's views harmonized completely with those of Drs. Tyler and McColl.

Dr. I. N. Eldred of Chesaning stated that when he began practice in Saginaw County, twenty-five years before, "malaria was very prevalent there . . . consumption on the other hand, was very rare for the first ten or fifteen years." Then it became prevalent.

He expressed himself strongly in favor of the view of the contagiousness of consumption.

Dr. Gibbes, in answer to a question propounded by the learned Dr. E. P. Christian of Wyandotte, replied that "they [bacilli] are ordinary bacteria that fall into a suitable soil. They grow and multiply in the caseous matter. While growing there, some change takes place which causes this reaction."

Dr. P. A. Knight of Utica, who had practiced in Macomb County for "almost forty years," was "somewhat amused and also surprised at the course of this discussion and the theories advanced by some of these gray-headed men who have practiced medicine in Michigan for a great many years." A young man, he said, "might imagine he must have either ague or the consumption, and if he would avoid the consumption he must go somewhere and have the ague." He attributed the conditions, in part at least, to the gradually appearing luxurious living. "As the country becomes old and the people rich, and their habits of life changed, we have an increase in tubercular difficulties." Once "they went in home-spun clothes, cowhide boots and shoes and woolen stockings. Today they wear kid shoes and thin merino stockings."

Forty years later, and it's silk. What's to be done about it?

Dr. H. B. Hemenway of Kalamazoo placed much stress upon denser population and double windows affected by the well-to-do classes, who were therewith deprived of the salutary exposure enjoyed by those of wind-leaky habitations. These were not his words, but he inferred there were "statistics,"—perhaps somewhat problematic a doubter would assert—to substantiate his position. He couldn't see "that it proves any relationship either one way or the other, to malaria"—nor can the present reviewer.

Then they "called it a day."

"Bergeon's Method of Treating Chronic Diseases of the Lungs by Medicated Gaseous Enemata," was the title of a paper read at the meeting of the State Medical Society in 1887 by the distinguished Dr. W. J. Herdman of Ann Arbor.

That this method was for a brief and fleeting moment a vogue at that period of medical history may be a source of surprise to the present generation. It was based upon the theory that in treatment of pulmonary tuberculosis a substance could be chosen directly destructive to the growth of the bacillus. Such a substance was H_2S and it was administered by rectal injection. Although it was claimed that there was marked amelioration in many cases following its use and although the editor of the *Journal of the American Medical Association* had said "that the physician who does not try it in any given case of consumption exposes himself to the charge of culpable negligence," Dr. Herdman confessed to "a liberal amount of scepticism when asked to believe that the infrequent applications and minute quantities of the gas employed by Bergeon and many of those who have followed him, could, when distributed throughout the area of lung surface, do much direct damage or retard the growth of bacteria colonies; but perhaps the bacillus tuberculosis is peculiarly susceptible to the influence of the gas, and is willing to throw up the sponge upon the first recognition of its unwelcome presence."[38]

Dr. Herdman was wise in his generation and in a country which leads as he alleges "in the trial of new methods of treatment." Indeed, Dr. Georg said that Mr. Eberbach "at that time was filling gas bag after bag, for physicians who reported splendid results." He took exception to the statement that the gas was used as a germicide, and said it was used for allaying chronic inflammation of the lungs by disinfection.

Dr. Conrad Georg advised large doses of creosote in the treatment of tuberculosis.[38]

The "Observations of the Unity of Phthisis and Tuberculosis" made by that master of pathology, Dr. G. C. Huber of Ann Arbor in 1889, met Dr. Gibbes' approval. He had "verified all" his statements, "gone completely over the different cases and can vouch for his conclusions."[38]

This might be recorded as praise of Sir Huber(t) by Sir Heneage, which as all who knew the latter are aware, "is praise indeed."

Dr. Arthur Hazlewood of Grand Rapids contributing "The Relations of the Attending Physician" to the symposium on preventive medicine [1897] wrote, "The state law in Michigan directs that the attending physician or householder shall give immediate notice to the local board of health in all cases of the disease mentioned. Common consent and experience have demonstrated that, in several of these specified diseases, isolation and disinfection have been of great value."[38]

"The two diseases that seem to be in dispute, and that are very prominent in causing sickness and death, are consumption and measles. Consumption, because of the great number of its victims, said to be three thousand annually in this state alone, has been called the white plague of the nineteenth century, much as smallpox was the plague of Europe in the eighteenth century; and although we have as yet failed to find for consumption an equally efficient preventive to Dr. Jenner's vaccination against smallpox, we have assurance in the light of researches of modern biologists, that the disease may be prevented and often cured. It is needless to say that the precautions necessary with a case of smallpox, a disease one may take by simply entering a room where it is present, are not equally applicable to consumption, but on the other hand, to say that no precaution is necessary is equally untenable.

"The physician himself, however, should be on his guard that *his own* physical condition warrants his exposure to such diseases. A tired-out man, either physically or mentally, has not the resistance which is necessary to withstand contagion, and by the attempt to do so may jeopardize his own life or that of some member of his own family. In these days of so many physicians no censure can apply to a practitioner who honestly states that his own condition of health renders it imprudent for him to visit cases of communicable disease, except the infrequent occasions of a general epidemic prevailing when all the practitioners of a given locality may be equally tired; then the call of duty is supreme; but even then the system can be fortified by utilizing every spare moment for needful rest and strengthening the body, using appropriate and easily digested food and avoiding the use of alcoholic preparations as a spur."[38]

What is disparagingly referred to in noon-day luncheon clubs as "pessimism" seemed to pervade the paper of Dr. H. J. Chadwick of Grand Rapids.

This was in 1899, if the reader pleases. "Consumption is no nearer under control than when Koch discovered his tuberculin." As to diphtheria, it "is not cured by antitoxin alone," and even with the combination of this with "good sanitation and throat washes, a larger percentage is not cured than hundreds of physicians in private practice can cite, with remedies of far less repute. Yet in the eyes of would-be authority, good physicians are condemned with their long tried remedies, and a record of 80 per cent cures, because they do not enthuse on the new antitoxine."[38]

The author will be well repaid, he says, if the paper stimulates "my fellow practitioner to dare to think for himself."

Dr. Bela Cogshall was graduated at the University of Michigan medical department in the sixties and also pursued post-graduate study at Jefferson, Philadelphia. He was long a successful practitioner of medicine in Flint. He was born in Groveland, Michigan, March 31, 1842, and died in 1914 in consequence of a fractured skull received in a street-car accident in Detroit.

To him has been given the credit of being among the first, possibly the very first, to assert the contagiousness of tuberculosis and advocate prophylactic measures for the safety of those in attendance upon the tuberculous patients.

In the *Genesee County Medical Society Quarterly* it was stated that "while Koch received the credit, Vaughan and others have openly declared that Dr. Cogshall should be recognized as the originator of the theory."

The *Flint Journal*, in 1890, discussing the matter at length states that at the "Genesee County Health Association in the year 1881,† Dr. Cogshall "made the first public statement of the theories now so well known to the medical profession," and that in no case during the intervening years "has Dr. Cogshall's theory been proven incorrect."

At the tenth annual session of the American Public Health Association in October, 1882, Dr. Cogshall contributed a paper, "Is Tubercular Consumption a Contagious and Parasitic Disease?" In this he goes deeply into the history of the matter, cites at length the opinions of investigators, publishes the results of his own observations and concludes by answering the question embodied in the above title affirmatively. He also recommends "enlightened sanitary legislation" to the end in view of prevention.

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†An announcement of this Sanitary Convention held January 25 and 26, 1881, is contained in the *Michigan Medical News* of that year, Page 7.

The following extract is from a letter of Dr. Collins H. Johnston of Grand Rapids, May 23, 1913. "I have in process of preparation a paper on the subject and have taken the matter up with Dr. Livingston Farrand, secretary of the National Association for the Study and Prevention of Tuberculosis. I would like very much to have Dr. Farrand read your original article. The matter ought to be presented to the National Association so as to be recorded in their transactions."

Dr. Cogshall held a professorship in electro-therapeutics in Dallas, Texas, in 1907. He was sincere and kindly, was useful in his profession and his death was deeply mourned.

As to priority in declaring for the contagiousness of tuberculosis, Dr. William Budd whose contribution is discussed by *The Lancet* and *New York Medical Journal,* and published by the *Detroit Review of Medicine and Pharmacy,* Vol. III., 1868, Page 286, gives among other "conclusions" the following:

"That the tuberculous matter itself is (or includes) the specific morbific matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society.

"That by the destruction of this matter on its issue from the body, by means of proper chemical substances or otherwise, seconded by good sanitary conditions, there is reason to hope that we may, eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge."

This communication was taken up in the usual doubting and contentious spirit. Dr. Cotton, one of the physicians to the Brompton Hospital for consumptives gave "a prompt and powerful rejoinder." Patronizingly he states that "the subject as well from its source as its novelty demands the gravest consideration," and then "if such views be correct, they will completely revolutionize both the medical and social treatment of consumption; they will make the poor consumptive sufferer a being as much to be dreaded as the leper of old; and they will at once crush out every hope of our lessening the ravages of this terrible scourge, by the manifest impossibility of our ever being able to 'stamp out' so universally prevalent a poison."

"Now if Dr. Budd's views are correct," quoth *The Lancet,* "hospitals for consumptives ought to be nothing more or less than pest houses . . . but Dr. Cotton thinks that the facts show quite the reverse . . . There certainly is no evidence in support of the view of the communicability of the disease."

But speaking of priority, a "Prussian professor has inoculated rabbits with the matter of tubercle taken from the human subject" and concludes that "tuberculosis belongs to the class of diseases called virulent and should be placed on the same line as syphilis though more nearly allied to glanders."[10] (Quotation from *Pacific Medical Journal*, 1866.)

Who was it? And when? Michigan clings to Cogshall.

Dr. Koch of Detroit in an article on "Tuberculosis" (1884) writes, "Milk that so often takes the place of a nurse, with small children, should only be taken from a cow that is pronounced sound by a competent veterinary surgeon," and, "It is only in their excretions, their sputa, and perhaps also their urine and fæces, that the danger resides."

Pulmonary tuberculosis (phthisis pulmonalis) or, in the more common speech usage, "consumption," not highly frequent in this writer's boyhood,—if recollection is dependable—was never regarded a menace to public health and visitation, even osculation, of patients afflicted therewith was restrained, if at all, solely by esthetic considerations. (C. B. B.)

Comparing the then and the now, the following excerpt from an article† by Dr. E. R. Van Der Slice, medical adviser of the Michigan Tuberculosis Association, is reprinted from the *Journal Michigan State Medical Society*, March, 1929. Regrettably, considerations of space—all too frequently disregarded in this History, it must be admitted—seem to necessitate abbreviation of this interesting communication.

"The Medical Department of an organization such as the Michigan Tuberculosis Association has a great variety of duties and responsibilities. It is closely connected up with the whole organization. In fact its activities are so intimately dovetailed into those of other departments that it is next to impossible to draw a line anywhere and say that this is not connected with the Medical Department.

"Perhaps one of the most important duties of this department is the correlation of the social and medical activities of the association. Details can hardly be given. It is more or less intangible, nevertheless very real. It may interest you to know that hundreds of letters reach this office from laymen asking for information concerning tuberculosis. Many letters are also received from doctors asking for suggestions as to routine and treatment for individual cases. All these letters call for replies. The reviewing of literature for distribution by the association, both scientific and more general, for the purpose of eliminating inaccuracies, requires time as do many other routine duties. Clearly then in a brief paper I can but touch upon the more obvious activities of the Medical Department during 1928.

RESEARCH WORK

"This department is now engaged in a piece of research work which we believe will give information not now available, concerning the needs of the school children of Michigan who are physically below par. It will also tell us what is being done for these children and what percentage of them are being reached. We hope further to learn of the relative effectiveness of the different methods used in building up and training these children. It is probable that in another year we may be in position to make suggestions and recommendations for improvement of the plans now in operation.

REGIONAL CLINICS FOR DOCTORS

"For several years there has been a growing conviction among the doctors of Michigan that some brief practical review of the essential points in the diagnosis of tuberculosis would prove a help to the profession of the state. This department seized upon the early diagnosis campaign as presenting an opportunity to initiate some such effort. Medical superintendents of Sanatoria, members of the Michigan Trudeau Society, and other physicians were consulted regarding the advisability of attempting such an undertaking. As a result of these inquiries a one day demonstration clinic for doctors, in different parts of the state was decided upon as a feasible plan.

"The boards of control and the medical superintendents of five county sanatoria offered the resources of their institutions to further this plan. Members of the Michigan Trudeau Society (which organization always holds its fall meeting with this association) generously tendered their services toward making such an undertaking successful.

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†Read at the Twentieth Annual Meeting of the Michigan Tuberculosis Association.

"On February 16 the first regional clinic for doctors was held at Ingham sanatorium. Dr. J. A. Myers of the University of Minnesota, who has done much for children with this disease, gave the luncheon talk and demonstration on tuberculosis in childhood. The sixty (60) doctors from the southeast section of the state, who accepted the invitation to this clinic, spent the day in small groups studying the normal chest, and tuberculosis in different stages, under the direction of members of the Michigan Trudeau Society. The enthusiasm displayed and the expressions of appreciation by the doctors attending, demonstrated conclusively that this effort was well received. Many doctors by word of mouth and by letter have asked that these clinics be repeated.

"The success of this initial doctor's clinic was repeated without diminution of fervor in the sanatoria of Kalamazoo, Muskegon, Oakland and Marquette counties. In all 232 doctors from many parts of Michigan left their busy practices to spend a day at these clinics. This department is anxious to coöperate with the Trudeau Society and the medical superintendents of the sanatoria of Michigan in making the doctors' clinics of 1929 of still greater value. The doctors attending this series of clinics form the nucleus of a list to whom scientific literature on tuberculosis is sent each month."

EPIDEMIC JAUNDICE

A remarkable series of cases was reported under the above title to the Michigan State Medical Society in 1898 by Dr. E. H. Pomeroy, the veteran mining surgeon of Calumet. He quotes the "obvious and axiomatic" words of Flint that "jaundice is never an individual disease," but an affection or symptom, but writes that it is nevertheless impossible to "wholly discontinue [the designation] from pathological nomenclature." His cases are of "catarrhal cholangitis without the presence and irritation of biliary calculi."

After quoting various opinions as to causation he gives his own views thereupon, "shared by most if not all the physicians in Calumet," that it is "a specific infection to a considerable degree contagious and dependent to some extent upon the altitude of the locality, and little if at all influenced by temperature." The factor of polluted water "could well nigh be excluded."

"A child exposed to the disease would become ill, and would be kept at home, and successively, five, six or seven other members of the family would contract the disease, and invariably the last one in that family would manifest the severest symptoms. The next neighbor appearing to obtain the disease from association with the family would show the same progression from mildness to greater distress from the first one in the family to the last, the presence of the disease in the house appearing to concentrate the infectious element in such a degree as to cause more pronounced symptoms in those the longest exposed to the contagion before contracting the disease. I cannot think the jaundice in the Calumet epidemic could have been caused simply by a mechanical occlusion of the ends of the bile ducts containing normal bile, but rather that some toxic product of the infectious element rendered either the bile abnormally absorbable or the tissues abnormally absorbent. Whether or not epidemic jaundice be always due to the same infection is somewhat doubtful. It is difficult to believe that the epidemic in Calumet, in Chasselay, and the one in Paris, where, as in Calumet, there was not one death, could be the same as the one in Essen, where the mortality was very high, or the one in Martinique, where there were twenty deaths in thirty cases. This is perhaps not less explicable than the mortality rates in various epidemics of diphtheria."

The epidemic prevailed in the mining villages and between June, 1897, and January, 1898, there were 675 cases, the most in children under eight years of age.

"One peculiar circumstance in connection with the epidemic is that, although the communication is very active and free between the people living at the mines and the people living at the mills five miles distant at Lake Linden, the epidemic did not exist along the lake either at Lake Linden or at Portage Lake [Houghton or Hancock], or at the Lake Superior water works to the west of the mining location."

In Calumet cases were about evenly divided between males and females, and "it is the impression of all the physicians attending these cases [in the Calumet epidemic] that the onset of the disease in adults was attended with much more pain and distress than with children."

"During the epidemic it was noticed that those patients who had for some years been subject to an occasional attack of cholelithiasis seemed to have attacks during the height of this epidemic.

"The disease appeared to be contagious to the extent that it appeared to extend along neighborhood lines. There would be from one to seven cases in a family, but in no case did it attack every member of a family. In one family of eight people there was but one case. These eight people were all adults.

"Another instance appearing to show contagion: four of five boys who habitually played together were all attacked with the disease at about the same time. In each case these four boys were the first to have the disease in their families; twelve others in their families were subsequently attacked. The period of incubation appeared to be from three to fourteen days.

"Another feature of the disease which perhaps might here again be remarked, is one noticed by a number of physicians, viz., that those children which were the last to be taken sick with the jaundice showed the severest symptoms.

"The treatment followed was generally the treatment of ordinary endemic or sporadic catarrhal jaundice. In adults an anodyne was first administered, followed by a vigorous cathartic, either a mercurial or saline, and then the phosphate of soda given until the stools were of normal color and the bile acids had disappeared from the urine. We still consider phosphate of soda our best hepatic stimulant, and I believe we are justified by the best authorities."[38]

PNEUMONIA

"Pneumonia biliosa" attended with prostration which required the stimulating and counter-irritating course and which if not speedily relieved by that treatment soon ran on to a fatal termination is mentioned by Dr. Thomas.[3]

"Inflammation of the lungs" took a considerable toll of life. The writer remembers the horse radish leaves as a counter-irritant, the subsequent boiled cabbage leaves applied as a palliative. He had the benefit of ministrations of a near-by physician, but elsewhere and a quarter century earlier it was different. "In 1835 Charles Scott was sick with inflammation of the lungs and Alexander Calder who worked for the Captain went on foot to Dexter after Dr. Nichols, the family physician, who came on horseback and arrived at the close of the fourth day. He remained four days with the patient and received a fee of $50.00; returned to his home leaving the young man to convalesce."[32] ("Pioneer History of Clinton County"—William Bronson.)

The recorder of the above will verify the quotation previous to publication. The fee seems wildly extravagant—it would more than pay even at the present time for that many days' services of a trained nurse.

In these latter days during which the tendency has been strong in the direction of therapeutic nihilism or the use of elegant pharmaceutical preparations recently discovered and exploited, it is refreshing to read the following outgivings of one of the old-time physicians who had confidence, apparently justified, in simple remedies.

In view of the possibility of errata, the ingredients merely of prescriptions are as a rule given—quantities and dosage are omitted.[†]

CLINICAL NOTES UPON A CASE OF PNEUMONIA

By Henry F. Lyster, M. D., of Detroit, Professor of Principles and
Practice of Medicine and Clinical Medicine in the Michigan
College of Medicine, Detroit, Michigan

When we consider the fact that pneumonia stands seventh in the order of frequency in this State on the lists of diseases, and of the principal causes of death, the first in that from acute diseases, not excepting enteric fever, any observations upon its management can not fail to enlist our attention, and lead us to reflect upon the methods adopted at this time by those upon whom rests the responsibiliy of its treatment.

I do not propose to enter upon the discussion of the several views advanced regarding its etiology, but will confine myself to presenting the management of a case which came under my care in the summer of last year.

I was called in the evening of August 13, 1880, to the patient, a young man of about nineteen years of age, well grown, though rather slightly developed through the chest, of healthful constitutional inheritance; free from any dyscrasia, and living under the most favorable conditions for health. The house was well drained and free from local miasmatic or malarial influences. His occupation was that of a student in the University. He was at home for the summer vacation. The table was abundantly provided with the most healthful food, excellently prepared. The office in which he was engaged for a few hours each day was in the center of the business portion of the city and was well ventilated, and not unduly exposed to the heat, being in a cool building perfect in its sewerage and ventilation. The only exposure of any kind to which he may have been subjected was upon the river in the evening where he was accustomed to row occasionally. The pure lake water of the river did not afford any opportunity for malaria to be generated at the portion he was accustomed to frequent. He had been just a little out of condition, as it is termed, for a few weeks previous to this attack of pneumonia, which was indicated by a want of energy, and an indisposition to exercise, with a lack of appetite for food, not particularly noticeable on account of the generally debilitating influence of the climate at this season of the year.

August 11, late in the evening, he was seized with a most severe chill, which resembled a congestive or pernicious chill, lasting a long time, maybe an hour, and accompanied by great pain and depression and anxiety. This was followed by an intense fever, when the skin became livid about the face and neck, accompanied by severe headache and general distress with a localized pain in the hepatic and lower axillary region of right side. A restrained cough was occasionally observable, and shallow breathing was noticeable, with a disposition on the part of the patient to prevent any motion of the right side of the chest. I saw him upon the evening of the thirteenth, nearly two days from the time of the occurrence of the chill. He had been seen by another physician during the chill and a prescription of quinine and opium was given in good doses to assist in controlling the pain and congestion. At the time I saw the patient, the temperature was 104, pulse 130, respiration 36. The face was pale and the skin moist, and gave a pungent heat to the hand. The cough was not prominent, and no bloody sputa had been observed. Before obtaining a full account of the case, I was inclined to believe that it was one of continued fever, judging from the general condition of the patient.

[†] The danger of "serious consequences" from typographical errors is pointed out by Dr. Gundrum of Ionia, anent a medical paper of his own published in a previous issue, *Detroit Lancet*, Vol. III, 1879-1880.

I prescribed for the night:

℞—Spts. lavanderi
Tr. valerianæ
Chloroformi
Syr. simplicis

For restlessness:

℞—Svapniæ
Camphoræ Pulv.
M. ft. capsules
These medicines to be used only as required

Upon obtaining a more complete history and examination of the patient the following morning, I became convinced that it was a case of croupous or acute pneumonia of lower lobe of right lung, extending to the pleura. The febrile movement was very active and the patient in a good deal of pain and distress, and very nervous.

I prescribed spiritus mindereri two ounces; a teaspoonful to be taken every hour in water for fever. The skin being very dry and hot, I also ordered a continuance of a water dressing applied the night previously over the chest and abdomen. The following was recommended to be taken:

℞—Ext. gelsemini
Pulv. Doveri
Tr. verat. viridi
M. ft. capsules for fever and restlessness

The temperature was from 103 to 104, pulse 125 to 130, respiration 32 to 36, without any relief to the general or special symptoms. The pulse was not strong and full, but indicated weakness and was easily compressed.

The diet had been limited to beef tea and weak China tea with a little milk in it; cold water was used freely; I applied the ice water coil mat in front and behind the right side of the chest, and poured a constant current through it. The following prescription was ordered in my endeavor to reduce the temperature without weakening the patient:

℞—Quinia sulphas
M. ft. capsules

In this prescription the patient received four grains of quinine every three hours, night and day.

The inflammation had extended into the middle lobe, and the right lung was posteriorly very extensively hepatized, but little air entered it.

The left lung now became involved, and partially in the lower lobe and the posterior portion chiefly.

The quinine together with the ice water coil, which latter was now extended over the left lung, began to reduce the temperature and it fell to 102.5, pulse 120, respiration 34.

Symptoms of exhaustion were marked and the question of alcoholic stimulants came up and the determination in regard to the proper quantity and frequency. I called Dr. Morse Stewart in to consult at this critical juncture, and it was decided that they should be used at once and constantly.

Two drams of whisky every hour was ordered, in connection with the continued use of the quinine, which had been reduced to three grains every three hours. These medicines were given by the mother of the patient, who was a most excellent nurse, and remained night and day by her boy, week in and week out, quietly and without an expression of fatigue, efficiently carrying out in a cheerful assuring manner every direction.

The case was very much depressed notwithstanding the constant stimulation, and promised to become more liable to succumb to asthenia than to asphyxia. The prune-juice expectoration had presented itself and the cough was at times quite troublesome. The expectoration was not free and seemed very tenacious.

It was the opinion of Dr. Stewart and myself that as a stimulating expectorant and to promote the absorption of the fibrinous exudation the muriate of ammonia be added to the quinine.

The following was prepared:

℞—Ammoniæ murias
Quiniæ murias
M. ft. casules one each hour

The quinine was also given every six hours according to the following:

℞—Quinia murias, xl grs.
Ft. capsules No. 20; one every six hours

The temperature on this day, nineteenth, was 99.6, pulse 80, respiration 32. This treatment was continued for some days. On the twentieth, 10 A. M., pulse was 80, temperature 100.6, respiration 32; 11:30 P. M., pulse 100, temperature 100, respiration 36; August 21, 9:30, pulse 95, temperature 99.5, respiration 20; 6:40, pulse 80, temperature 99, respiration 20.

A large blister of cantharides, 7x7 inches, was applied, August 20, over lower right lung. This drew well and relieved the patient very greatly.

The quinine was continued in this prescription:

℞—Quiniæ murias, xxx grs.
Ammoniæ murias lx grs.
M. ft. capsules No. 20; one every two hours

The following prescription was also used to prevent anemia and the great destruction of the blood corpuscles, as well as to give some strength to the debilitated patient:

℞—Tr. ferri murias oz. i
x gtt. three times a day in sugar water

The patient was remaining at about the same temperature, but was much exhausted by profuse perspiration, which occurred whenever he slept, particularly at night. Sage tea at bed time was given and the skin rubbed with tincture of belladonna before bed time and after waking.

The quinine was diminished although the stimulants were given each hour day and night for at least ten days, after which period they were not given so frequently.

The following prescription was substituted for the muriate of ammonia about the end of the second week:

℞—Ammonii iodidi
Tr. sanguinariæ
Tinct. cinchonæ, comp
Syp. pruni Virg. cort.

Tincture of iodine was painted over the whole of the anterior and axillary portion of the hepatized right lung twice daily, and a capsule from the following prescription was given to procure rest and sleep:

℞—Ext. belladonnæ
Ext. hyoscyami
Camphoræ pulv.
M. ft. capsules; one at 10 P. M.

The extract of conium was afterwards substituted for the belladonna. The patient was with difficulty sustained, and remained restless and irritable and very much debilitated. The respirations were accelerated at times and the cough remained troublesome and disturbed his rest. The bowels were not particularly affected, and were occasionally moved by enemata. The appetite was almost entirely lost. Animal broths with milk had been administered regularly day and night from the first few days of the attack. The following tonic was used in place of the tonic and expectorant last used:

℞—Acid sulphurici aromat.
Quiniæ sulphas
Taraxici, fl. ext.
Syp. simplicis

About a week later in the disease, i. e., in the sixth week, the dullness of the portion of the lungs affected slowly clearing up and the patient gradually improving, the latter tonic was diminished, and claret and catawba were substituted for the whisky, eggnog, and milk-punch which had been so constantly used. A prescription of

℞—Kali Iodidi
Codiæ
Syp. yerbæ santæ, syp. ipecac. syp. pruni. Virg., cort.

was given to aid as a resolvent to the fibrinous exudation, and to allay irritability and cough.

For this was finally substituted the following:

℞—Morph. murias
Ammoniæ murias
Fl. ext. coca (P. D. & Co.)
Syp. pruni Virg. cort
M. for cough

Cod liver oil and maltine wine were used daily three times for a couple of weeks, during the convalescence of the patient, and after he had been able to drive out.

From the first week in September, the patient gradually improved, and the first week in October found him able to go down stairs. The last visit was made on the thirteenth of October, just two months from the first visit. Cod liver oil and malt extract had at last replaced all other medicines, and his appetite had become quite restored. He was able to resume his studies at the University about the first of December, and all traces of dullness had disappeared from the affected lobes.

I was very much indebted to the suggestions made and to the assistance given by the consulting physician, Dr. Morse Stewart, whose critical analysis of symptoms and valuable therapeutic knowledge I have seen rarely equalled and never excelled, in my professional experience. We may use this case as a text, and refer to a number of conditions bearing upon it in practice.

In the first place the patient was a representative of those cases in which pneumonia is least fatal. Young, healthful, strong, no bad habits or vitiated constitution to allow of insidious and pernicious complications, and yet from the very first this case presented symptoms of asthenia and through its whole course the most active stimulation was required to prevent losing him from exhaustion. Had this young man been bled after the chill, would the disease have been more limited in its extent, and would he have recovered? This, I must admit, is no easy question to answer. If the venesection had markedly limited the invasion of tissue and prevented the subsequent invasion of the left lung, I am inclined to believe that it would have been good treatment; and this case belonged in many respects to the particular type of constitutions which we select for venesection. But we have no guarantee that it would have given more than a temporary relief, and if so it would in the light of subsequent events have in all probability determined the case unfavorably. Many of the older members of the profession on both sides of the Atlantic have looked upon the discontinuance of the lancet in acute inflammatory diseases with regret, and some of the younger men have here and there attempted its resuscitation. I heard a paper from Dr. Wyle, of Connecticut, read at the recent meeting, at Richmond, of the American Medical Association, upon the treatment of eleven cases of pneumonia, all of which recovered under the use of the lancet, the patients, too, for the most part coming from the factories and shops of the city in which he lived. Dr. N. S. Davis of Chicago, in his remarks upon the cases, favored the lancet in selected cases, as did Dr. Brodie of Detroit, Dr. Ariel Ballou of Providence, Dr. Martin of Boston, and others. On the other hand a number decidedly opposed venesection, among them Dr. Whittaker of Cincinnati, and Dr. Octerlony of Louisville.

In my opinion the large and long continued doses of quinine, and constant use of alcoholic stimulants, and nutriment consisting of animal broths and milk were of the greatest service. I was also particularly pleased with the value of anodynes in this case in procuring relief from pain and in inducing sleep.

The exhibition of an opiate in some form, whether morphia or extract of opium or Dover powders, combined with, it may be, chloral hydrate, or extract of conium, or hyoscyamus, or belladonna, or gelsemium, is very essential to the proper treatment of pneumonia in lessening the febrile movement and quieting general nervous irritability, and also for its tonic and sustaining effects, inviting "sleep, that knits up the raveled sleeve of care," and brings courage and fortitude to the patient, and enables him to stand against the renewed contest of the day.

With regard to the use of the lancet in pneumonia, it should in my opinion be avoided in cases where the attack, though ushered in by a distinct chill, originated in an insidious manner, apparently from some poison slowly vitiating the blood, also, in cases where malarial influences are marked, as well as in aged or infirm persons and those accustomed to the continuous use of alcoholic liquors. When the constitution is strong and the patient previously healthy and not suffering from any constitutional dyscrasia, I believe that it may be of the greatest service, particularly where there is much dyspnea and the symptoms are urgent.

It is in the recognition of all the important factors in a case that distinguishes between the good physician and the stupid routinist.

For the use of the ice-water coil, I am indebted to Dr. Charles Douglas of Detroit, who was using it in a case of acute phthisis with hemoptysis when I first saw it. This instrument was used for at least ten days in the case I have reported, was very easily managed, and was quite effective in diminishing the temperature, at least locally. It might be used in a very wide range of medical and surgical cases, and would be if it ever comes under the observation of the profession.

The verat. viridi and aconite are not as valuable in pneumonia as they were formerly supposed to be. I think that they are too depressing in most cases; while in the very early stages they may be given with advantage, yet the symptoms of exhaustion of the heart are to be early looked for and avoided.

The very early exhibition of quinine in large doses has lately come into use more generally, both on account of the well known antiperiodic power of quinine, as well as for its influence in preventing migration of the white corpuscles and serum of the blood and its marked effectiveness in reducing fever temperature, and diminishing pain.

While it is well known that quinine will not aid in the removal of inflammatory products, it has been shown that it does in full doses limit the inflammatory process more effectually than any other known medicine. Whether it produces any other than an impression through the nervous system has not been determined, but it may possibly have some direct action upon the blood. It is an excellent germicide and may possibly be shown to have some influence upon the specific cause of pneumonia, if there is any specific poison.

The labors of Dr. Carpenter and Dr. Anstie, and others, in regard to the use of alcohol have done much to bring that remedy into its proper relation with the profession. It has been removed from the false position of association with inebriety, and has taken its place among the potent remedies on the shelf of the apothecary.

The fact that it does not increase the temperature of the blood has long been demonstrated, and it has been found a valuable aid in many cases of pneumonia.

In this case of double pneumonia, it was given each hour, night and day, for at least ten days.

There is much in this case which cannot be readily recorded, and many things which, if remembered, would serve to photograph it more correctly. I have thought that the introduction of the subject might be of some interest to the general body of the profession gathered here by their representatives, and lead to a discussion of the management of acute pneumonia, as it illustrates a class of cases constantly coming before us, and in the catarrhal form is so often a complication and sequel of other forms of disease.

The above is submitted as a thoroughgoing case report from a therapeutic-minded physician.

The venerable and erudite Dr. George K. Johnson of Grand Rapids, on the other hand, felt that drugs "are often used when they are not necessary." He expresses himself as follows in the annual address on Practice of Medicine, 1888:

"Well approved drugs in skilled hands are of undoubted advantage. They are, indeed, a real boon to the sick. They bring relief and comfort; they shorten the hours of sickness; and finally, in cases of deadly peril, they often dip the beam in favor of human life. But drug-medication has its limits and conditions of usefulness.

"During the last quarter of a century there has been a steady drift towards conservatism and circumspection in the use of drugs. In the main, that tendency still holds sway. But of late there has sprung up a greed for new things, and we have been almost taken off our feet by the flood of therapeutic novelties. Our valued and enterprising friends, the manufacturing pharmacists, have given us new remedies in bewildering profusion; they have gone up and down the latitudes searching the world's flora for medicinal juices. But not this only. They have set the chemist at work; and he, with his subtle processes, quite outdoing the dreams of the alchemist, has fairly surprised us with the number and the properties of his products. All these new things, botanical and chemical, are sent to us in such attractive forms and with such persuasive credentials, that we are sometimes in danger of being borne away from our anchorage. But amidst all this we, as physicians, exercising a highly responsible profession, must keep our poise. We must take the law from science only, and our bedside prescriptions from a mature and well ordered experience."[38]

Dr. Lyster in a paper before the State Board of Health, April 8, 1879, called attention to "overflowed or saturated lands," mentioning the Chandler and Crapo farms, and those near Detroit that had been reclaimed, as of general interest "both pecuniarily, and as directly related to the public health."[9] He also reported at the same meeting on house-drains and public sewers, and on proposed "examinations in Sanitary Science."

Dr. Herbert Maxon King of Grand Rapids was prepared for college at North Adams, Massachusetts, and entered Dartmouth, but did not conclude study there, being interested in medicine. He was graduated from the University of the City of New York medical department in 1886 and became externe at Bellevue; was also instructor in diseases of the nose and throat in New York Post-graduate School and clinical assistant at Manhattan Eye and Ear Hospital.

In broken health in 1890 he passed the summer in the Adirondacks. In the fall he was appointed surgeon in the United States and Brazil mail service. He resigned in 1892 and came to Grand Rapids.

He was a good churchman and a director in St. Andrews Brotherhood.[20]

Dr. King was a prolific and interesting writer as many contributions to the State Medical Society's Transactions in the late nineties signify.

Dr. Crane of Kalamazoo was impressed with the "admirable" character of one on "Pneumonia" and Dr. Jennings with its "excellence."[38]

Dr. King moved from Grand Rapids, and was later for years in charge of the Loomis Sanitarium for Tuberculosis at Liberty, New York.

In an elaborate and erudite study—a paper read before the Northeastern District Medical Society, June 26, 1878—Dr. John S. Caulkins of Thornville discusses the subject of "Pneumonia; Is It an Infectious Disease?" and declares under the sub-head "Unknown Special Cause of Pneumonia": "Concerning this cause we possess no information that can enable us to conjecture what its nature may be, except that the self-limited and definite course of the disease gives us a hint that its true place will ultimately be found to be in the group of infectious or zymotic diseases."[9]

At the same meeting Dr. H. J. Reynolds of Orion contributed "an excellent paper" "on the same disease, dealing with pathology, prognosis, diagnosis and treatment" but omitting reference to causation. Later there was "a regular *feu-de-joie*" discussion of treatment.

Dr. Mulheron wrote in 1885 "that even the affection commonly called 'a cold' is generally caused by other agencies; or, perhaps, by a special agent which may prove to be a microbe."[29]

Venereal Disease

"Dr. Lyster [in 1880] called the attention of the Board [of Health] to syphilis—a disease to which but little attention was paid by sanitarians, but which causes much sickness and many deaths in this state."[31]

Among early writings very little has been discovered in medical journals concerning syphilis or gonorrhea.

Dr. Kiefer writes that Board of Health reports contain no reference to either of these maladies among the Indians.

Gonorrhea, distributed by the local "hat-rack," was prevalent three score years ago. It was not regarded a serious matter. On the contrary, among the boys it was mentioned, in secret, boastingly, and conferred upon its possessor the mark of distinction.

Dr. Herman P. von Petershausen read before the Detroit Academy of Medicine a paper on the "History of Syphilis." In the latter part of the fifteenth and beginning of the sixteenth century it was regarded as a *new disease*—although this is questioned—and "was generally traced to the army of Charles the Eighth of France."[9]

With altruism and the perennial reciprocity characteristic of European nations, its origin was conceded to Naples by the French, to France by the Neapolitans. America receives absolution from a Spanish priest. This ecclesiastical pronouncement would have been regarded final but "settling" questions was evidently as difficult four centuries ago as now.

Dr. Petershausen also writes in 1882 of the "consent now-a-days that micro-organisms are the producers of syphilis," and evidently inclines to the view of Klebs that the helicomonas syphiliticum is its cause.[9]

Discussing papers by Dr. George Duffield of Detroit and Dr. William Wood of Grand Rapids concerning syphilis, Dr. Newkirk of Bay City said he had "lived in a syphilitic country for a long time, in Paraguay, South America, where the dogs even have it, and invariably we use mercury and with the very best results."[38]

At the same meeting Dr. Johnson of Grand Rapids, approving of conclusions of Dr. W. F. Breakey of Ann Arbor concerning treatment in the primary stage, made the rather surprising statement that "syphilis, if treated on that enlightened principle is not a serious disease. It is made so, and has derived all its terrors from misdirected treatment."

Dr. Ralph H. Spencer of Grand Rapids wrote on "Primary Syphilis."[38] It was a thoughtful production and elicited an interesting discussion of the "innocent" variety.

Dr. C. W. Hitchcock wrote on "Some Points as to Syphilis of the Nervous System," emphasizing the importance of pushing "anti-specific measures thoroughly and efficiently."[38]

Dr. George W. Stoner, formerly surgeon, United States Marine Hospital Service, succeeding Dr. James A. Brown, was an extremely companionable man and a much appreciated member of various Detroit medical societies. Before the Detroit Medical and Library Association in 1891, he read on "Syphilis and Chancroid," conditions upon which his clinical experience eminently qualified him to speak. He was elected to the presidency in the same year.

An important note was sounded by Dr. F. W. Robbins, then of Detroit, now of Pasadena, in a paper on "Urethral Disease and Marriage."

"Have I been mistaken," he asks, "in thinking that the profession is derelict in these matters? Then I beg your pardon. If, on the other hand, it be admitted that frequently patients being treated for gonorrhea are discharged as cured, on grounds scientifically inadequate, then accept this, my appeal, and for the sake of the innocent wife, join in demanding of the medical profession, not only scientific treatment, but a scientific judgment as to probabilities of infection."[38]

However, the paper didn't get by uncriticized. Dr. Hal C. Wyman was "a little bit surprised to find champagne and lager beer recommended in the treatment of gonorrhea," and Dr. Charles W. Hitchcock thought "perhaps we may in all friendliness deplore somewhat his Parisian tendencies."

In explanation of the above, Dr. Robbins had mentioned indulgence in alcoholics as stimulating to action "any lurking microbes."

Dr. Maclean verified this. Dr. Connor confined his remarks to the effect of gonorrhea in producing blindness.

Scarlatina

In the Calhoun County Medical Society in 1878 (May 1) there was discussion of scarlatina which had appeared in epidemic form, and very general agreement that it was highly contagious, but Dr. Cox, who attended the first case, could not account for its occurrence in a family that "lived about two miles from town and away from the highway." The case and others led him to "believe that scarlatina would generate *de novo*," although he was strongly of the opinion that it was a very contagious disease.[9]

"An Unusual Result of Scarlet Fever, Embolus, Gangrene, Amputation" is the title of a paper by Dr. C. B. Chapin of East Saginaw, published in the *Medical Age,* Volume II, 1884, Page 205.

Dr. H. W. Champlin of Chelsea, writing in reference to this, says "although truly unusual [it] is not unaccountable in the light of modern pathology," and "it would be interesting to know whether the doctor made repeated tests for albumen."[29]

The fourth annual meeting of the Berrien County Medical Society was held at New Buffalo, February 13, 1878, under the presidency of Dr. Stratton.

Malarial diseases were reported less than in former years, but consumption had increased, and scarlet fever and diphtheria had prevailed as an epidemic.

The Sanitarium of St. Joseph was the subject of the presidential address, and vital statistics were given showing "it" [St. Joseph? The Sanitarium?] to be "one of the healthiest places in the world."

The usual resolution advocating law for the regulation of practice and suppression of quackery, was adopted.

Fifty-one years later (March, 1929):

BIOLOGICALS FOR THE PREVENTION AND TREATMENT OF SCARLET FEVER

Inquiries are constantly being received from physicians as to the department's distribution of biological products for the prevention and treatment of scarlet fever, and the use of such products. A letter explaining this was sent recently to all physicians, and is reprinted here for the benefit of doctors not on our mailing list:

"The Michigan Department of Health manufactures and distributes to physicians, free of charge, the following biological products for the prevention and treatment of scarlet fever. These scarlet fever biological products will be sent to the physicians of the state when requested by letter or telegraph.

"Toxin: Scarlet fever streptococcus toxin is available for distribution for active immunization. This material is usually sent to physicians in three 10 c.c. bottles. Immunization is obtained by administering 1 c.c. from the bottle labeled 'First Dose,' this is followed in two weeks by 1 c.c. from the bottle labeled 'Second Dose,' then 1 c.c. from the bottle labeled 'Third Dose.' It is not advisable to give scarlet fever streptococcus toxin to persons in less than seven days after they have been exposed to a case of scarlet fever. Immunity develops in from three to six weeks and lasts for a period of years.

"Antitoxin: Scarlet fever streptococcus antitoxin is used for the treatment of cases. We are manufacturing antitoxin, at the present time, in small quantities only, on account of insufficient funds, but we make every effort to take care of requests. This material is particularly helpful in the malignant or toxic case. The entire contents of the syringe is one therapeutic dose. Observe daily all persons exposed to cases. If symptoms appear, give full therapeutic dose of antitoxin and abort the same. This antitoxin may also be used for passive immunity. This immunity is of short duration and is not effective for more than three to six weeks, nor is it advised for persons wishing permanent or lasting immunity. Therefore, use this only for persons who are continuously and intimately exposed, during the time of their exposure.

"Dick Test Material: Quite a large proportion of children of school age are found to be immune to scarlet fever; therefore, it is found to be quite a saving of time and material to do the test on all persons before giving scarlet fever streptococcus toxin. In from three to six weeks after giving scarlet fever streptococcus toxin it is good practice to give a Dick test in order to determine the degree of immunity that has been established. The Dick test material is administered by the same technic as the Schick test."—Guy L. Kiefer, M.D., D.P.H.[26]

"The same success has been attained in scarlet fever. Doctors Dick and Dick took personal charge of the immunization of patients at the Michigan Home and Training School at Lapeer, Michigan, and there have been no cases except in those who are newly arrived and in cases of attendants who have not been immunized. The significance of this work is realized when we recall that scarlet fever ranks fourth in mortality from infectious diseases."†

MEASLES

In "Tanner's (the white Indian's) Narrative" an account is given of a severe epidemic of measles among the Indians and if the diagnosis can be relied upon it must have been singularly fatal. "Of ten persons belonging to one family including two young wives of Taw-ga-we-ninne, only Net-no-kwa and myself escaped an attack of this complaint. . . . In the village [near Mackinac] numbers died." (*See* first paragraph under "Smallpox," this chapter.)

"Within two days after entering our new home my oldest sister and myself came down with the measles followed within one month by all the rest of the children. My oldest brother had a relapse and came near dying; his hair nearly all came out, and left him as bald as a bare rock the rest of his life."[32] ("A Boy's Story of Pioneer Life"—Theodore E. Potter.)

Dr. A. E. Carrier, Detroit: "I have in my family a little niece who

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†From the address of Dr. H. E. Randall of Flint, president of the Michigan State Medical Society, 1928.

I know has had three or four attacks of measles; and two winters ago [1887], while stopping at my house, she had an attack of German measles."[38]

A Frightfully Fatal Malady (Cerebro-Spinal Meningitis?)

"A frightfully fatal malady" made its appearance in Shiawassee County on the first of January, 1848. The account of it written by Mr. Andrew Huggins and printed in "Michigan Pioneer Collections," Volume XXVIII, Page 506, is so vastly interesting from the points of view of diagnosis, mortality and therapy that it is quoted practically in its entirety.

> "A history of our county would fall short of its object if the fatal malady which made its appearance here early on the morning of January 1, 1848, was omitted. It is not intended that the following notice of the outbreak and progress of the malady shall be taken as a complete history of its doings, as such a history never can be given, for as careful as one might have been in making observations and taking notes at the time, there would have been many painful incidents which would have been lost sight of, so varied were the scenes, and so rapidly were the changes made. But the time of its outbreak, and the order of its first few attacks may be given, when an approximation as to the result will give the reader some idea of its malignity.
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> "Shortly after midnight, on the morning of January 1, a son of Henry Jennings requested one who occupied a bed in the same room with him, to procure a light, as he was suffering from great pains in one of his limbs; and when the light was obtained he wished his father, or mother, or both to be called, when they commenced using such domestic medicines as the house afforded, or such as they thought applicable in rheumatic attacks, as the symptoms, in their opinion, indicated rheumatism. But the pain increased rapidly, and a physician was called, only to assist a short time and witness the death of the young man, which occurred in two or three hours after, and before the news of his sickness had been heard of except by a few. Another case soon followed, the patient being a Miss Kimbert, a sister of Mrs. Abram Garabant. This young lady was a member of Mr. Garabant's family, the residence being on the hill south of the railroad, to the southwest of the place; the symptoms in this instance were similar to those of the young man Jennings, and terminated fatally. Two deaths so near together caused many remarks, and the circumstances were looked upon as but a strange and afflicting coincidence, until a child of Mr. and Mrs. Andrew Cox, living near the north end of the bridge, was seized, then another, and new attacks made in rapid succession, until six of the seven children of the Cox family died. During their illness another young man, brother to the first victim at the hotel, and living there, was seized and died, when Henry Jennings, proprietor of the hotel, and father of the two young men, fell, making a total of ten cases at Corunna, all of which proved fatal.
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> "During the sickness of the Jennings family at the hotel, Mr. Abram Jennings, a brother of the proprietor of the hotel, went from his home in the township of Venice to Corunna, to assist the stricken family, and when ready to return to his home he told his acquaintances that he should return in the morning. But it was ordered otherwise, as he was a victim to the malady, and his death preceded the death of his daughter at his home in Venice but a short time. . . . As every attack thus far had proved fatal, such members of the community as had visited patients suffering with the disease, or had assisted in burying the dead, became anxious as to the contagious character of the disease as applicable to themselves, and such as were not conscious of personal exposure, became cautious, thinking that in isolation there might be safety. But soon a large number of new cases, and the appearance of a number of cases in Owosso, where the same violent attacks were made, the same malignity in the nature of the disease exhibited, and the same fatal results followed. The theory of the propagation of the disease only by contact with the sick, had not so good a foundation in Owosso as it had in Corunna, as in that place the epidemic form of the distemper exhibited itself much quicker the first attack than it did in Corunna.
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> "There were experienced and skillful physicians, residents of both places and in other parts of the county, at the time of the appearance of the disease, but it seemed to have been different from anything they had met in their practice, or had read of in their books, or if they had met it or read of it, the meeting or reading seemed to be of no value in their efforts to save, and physicians residing in other parts of the State were sent for, who came, and others came, not as counselors, but as students wishing to note the symptoms, witness the results and treasure their observations, perhaps for future use. As one practitioner and then another would arrive from other parts of the State, the people would

hope that this one, and then that one, was the one to help, but the hope was without foundation.

"In experiments made for the purpose of finding a cause for the terrible visitation, portions of the atmosphere collected in the infected districts were subjected to chemical analysis, experiments made with electric instruments, and the visible perturbations of the magnetic needle noted, and while these experiments and observations demonstrated the presence of strange phenomena, nothing was elicited of value to assist in combating the malady, nothing to impede the progress of 'the pestilence that walketh in darkness,' nothing to check 'the destruction that wasteth at noonday.'

"Safety was not guaranteed by the multitude of counsel, but the disease progressed, new cases multiplied and deaths were more frequent until the ordinary business of the places was suspended, schools were closed, the usual Sabbath day services of the churches were dispensed with, and the time of the people occupied in efforts to relieve the sick and bestow hasty burial rites upon the dead, these rites in many cases being much abridged from those usually demanded by the customs of society, offered as a tribute of respect for the departed and offered as a pledge of sympathy with the living.

"It sometimes happens that where a disease assumes an epidemic form it will put forth its greatest energy during the early attacks, and from electric, atmospheric or other hidden causes assumes a less violent form, and yields more readily to the treatment of the physician. But with this disease the amount of the territory traversed, or increase in number of cases did not seem to show any modification in the character of the disease, for but a few days had elapsed after its first appearance before an attack was recognized as nearly equivalent to a notice that the skeleton foot had invaded the home, that the fleshless hand was already laid upon a victim, and a suffering, struggling form was fast discharging the last obligation which nature holds against humanity.

"The distemper had visited various parts of the county, and in every place its high prestige for fury, cruelty and fatality was sustained, although the experience of Corunna and Owosso had forewarned the country of its terrors, and many measures were adopted as precautionary, hoping and trusting that if the disease made its appearance it would be of a milder form than in these places where it made its debut unannounced and unheard of.

"A Detroit physician advanced the theory that the waters of the Shiawassee river were poisonous and in his opinion noxious vapors were inhaled and the disease would confine itself to inhabitants who resided near the river. But this had not a good foundation, as the cases of Abram Jennings and his daughter were among the first, and their residence was distant from the river and at an altitude much greater than the places infected; and the appearance of the disease in the vicinity of the United States barracks at Detroit was proof that the Shiawassee river was not the sole cause of the trouble; and it could not be anything pertaining to Shiawassee County or Detroit water, for the scourge had appeared in Kalamazoo and other places in a form as unyielding to medical treatment as here. But this state of affairs could not last long, for as an uncontrolled fire will destroy a town and cease its ravages only for the want of fuel, in like manner this visitation would come to an end for want of subjects, for in a few days after the first attack in Corunna, a person acquainted in the county would, in visits to the infected districts, miss many familiar faces, notice damaging checks to many newly projected and important enterprises, and he would feel sad at the sight of so many mourning friends, while the hours of night would be made gloomy by the sounds of the feet of people hurrying to and from in endeavors to relieve and save the sufferers.

"But a change came, and while it is not intended to cumber this volume with matter not directly connected with the history of our county, it seems necessary here to refer to circumstances which happened in another state many years before Shiawassee county was thought of as a place of residence by a white man, as by so doing the manner in which the change was brought about and by whom it was effected will be understood.

"During the war between the United States and Great Britain a fearful epidemic traversed the New England states and some parts of the state of New York, and in its progress it visited the neighborhood where Mr. J. F. Swayze (now deceased) and Mr. Stephen Hawkins resided when boys. After coming to Shiawassee county they became neighbors, and at the time of the prevalence of the malady here, it became the topic of conversation between them, and they thought it similar to the disease which visited the neighborhood in which they resided when boys; and they remembered the general ill success of the physicians in treating it, and they also remembered that very severe cases had yielded to the influence of a hemlock vapor bath. These recollections resulted in the making of an arrangement to the effect that if either of the two should be attacked the other should come and administer a hemlock bath. But there was no hemlock in the vicinity except a shrub known by several names, as shrub, ground, or running hemlock, which growing in large quantities in the northern part of the peninsula was represented by two or three small parcels east of Corunna. In case of an attack this shrub was to be substituted in place of real hemlock. The arrangement had not been made but a short

> time before Mr. Swayze was called to assist Mr. Hawkins when the vapor bath was used with most gratifying results. Very soon a son of Mr. Neely Sawtelle, in the township of Venice, was smitten, and the shrub was put to its second test, resulting in a cure. The news of the two recoveries was heralded as fast as messages could carry it. As soon as the success of the hemlock treatment in these cases was heard of the believers in the practice took measures to procure a quantity of the real hemlock boughs, and for this purpose Mr. Holly of Vernon, with Mr. Jacob Wilkinson, went to Saginaw county, as did also Mr. Walcott of the township of Burns, all coming back well stocked with the boughs of last resort.
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> "At this time a physician by the name of Pierce resided in Corunna, who was supposed to be one of the best educated men in the country, and so far as book education was concerned it is believed that his brother practitioners awarded him a high place, and regarded him as a highly honorable gentleman; but he repudiated the hemlock doctrine, and with much zeal uttered many protests against it. Dr. Bacon was also a resident of Corunna and very soon became aware of the formidable and apparently uncontrollable character of the disease, and began to make inquiries by uniting with other physicians for counsel. He received a letter from Doctor Jewett Downer of Dixborough, recommending an extremely hot steam bath, and when this letter came a supply of hemlock had arrived, and had been tried in two or three cases with the same results which had followed the use of the shrub.
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> "The attention of the people was now directed to the vapor practice, and a few could in relieving their neighboring sick. The confidence in the hemlock had increased from house to house in answer to calls for their services, and rendering such aid as they could in relieving their neighboring sick. The confidence in the hemlock had increased so much that many families had obtained a supply, while those who practice the art of sweating with it, kept a quantity in store tied in bundles, ready for those who might be suddenly called to use some remedy for the relief of some member of the household."

That this was the same epidemic as that reported in 1867 under the caption "Cerebro-Spinal Meningitis or Spotted Fever" by Dr. D. C. Holley, M.D., of Vernon,[10] is probable. In the village of Corunna alone it is estimated there were thirty deaths in a population of two hundred. The first few cases were regarded a virulent form of pneumonia—there was pulmonic congestion, and adynamia appeared. Membranous casts were thrown out from the posterior nares and trachea. There were chills, pain commencing in some particular portion of the body or extremities, quickly traveling over the entire system, becoming concentrated in the head and neck. In severe cases delirium appeared which was succeeded by coma and death.

Small ecchymosed or purple spots and these of grave prognostic significance occurred. They were due to hemorrhagic effusion from the capillaries into the cellular tissue. "In fatal cases the spots invariably appeared and 'spotted as an adder' was a phrase frequently employed in describing the symptom. Convulsions and opisthotonos were not infrequent."

What was this disease? Cerebro-spinal meningitis? And if so, what of the treatment with hemlock and steam baths which seems to have checked it? The matter is one of no little interest. It is significant that "in the fall of 1847 an epidemic of the latter disease made its appearance in Detroit."

And what was "the peculiar and fatal sickness" which in the fall of 1847 visited Eaton Rapids? "This disease was generally called brain fever. It carried off some six or seven of our most robust and substantial citizens. . . . I have always felt that our physicians did not understand the disease; however, that had great influence in giving us the character of a sickly place."[32]

Apparently it was the same.

Dr. Martmer of the Herman Kiefer Hospital, Detroit, has reported an outbreak of this disease in Geneva in 1805; in Medfield, Massachusetts, in 1806, and continuing through 1807 to 1810. Active emigration to Michigan took place in the thirties, there was the cholera visitation of 1832 to 1834, and the epidemic of 1847 "was followed by the Asiatic cholera in 1848."†

To Dr. Holley, a singular phenomenon was the peculiar condition of the circulatory system. "Often it was impossible to detect anything abnormal in the pulse from the commencement of the attack up to within two or three hours of death, either in volume, rhythm or frequency.

Calomel, ipecac and opium were employed in treatment but "with regard to treatment," remarks the doctor, "I have little to say."

He believes the disease "seemed to prefer localities which were strictly malarial in their character."

Quite naturally he makes no mention of the hemlock vapor.

"During the winter of 1847 and 1848, the inhabitants of Michigan were visited by an epidemic known as the Brain or Spotted Fever which proved to be an erysipelatous affection of the cerebro-spinal meninges, from which the population of Detroit suffered more than their rural neighbors."[35]‡

At a meeting of the Owosso Academy of Medicine held in 1882, reported in the *Detroit Clinic,* Dr. Jabez Perkins of Owosso read an interesting paper on cerebro-spinal meningitis, giving an account of a "terrible epidemic that scourged Shiawassee County some twenty years ago [1862 or thereabouts]." He had "never derived any benefit from the use of quinine"—had relied principally on morphia and "after effusion would give iodide of potass. and mercury." He "did not see that any benefit was derived from sweating even when *hemlock boughs* were used." He thought that "many cases that recovered would better have died." Cold applied by ice bags to the head and neck was beneficial.

"The spotted fever, which raged in Detroit in 1847 and carried off many of the men enlisted for service in the Mexican war (among them being Levi Chase, Charles Chase, George Tabor, and others of Hastings), appeared in Hastings in 1848, and inflicted serious ravages in the little village. Of this fever there died, between January and April, Mrs. John Gaines, George Fuller, Mrs. Tinkler, George Marshall, and Vespasian Young, the latter being the last to fall a victim."[17]

Dr. Hosea S. Burr, born in the State of New York "about 1820," attended medical schools at Louisville and Cincinnati.

He came to Lansing in 1847 and "superintended the building of his first dwelling—doing a large amount of the work with his own hands."

For a number of weeks he lived in a hastily constructed shanty, and his valuable library "was in great danger of being spoiled by the rain."

He died in April, 1849, in consequence of a "congestive or spinal fever . . . so alarming that the legislature adjourned on account of it."[21]

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†Letter from Dr. Guy L. Kiefer.

‡The wag Travis said he stuttered more in New York than in Brooklyn "because it was a larger town."

The legislature "adjourned" in 1850 also. (*See* section on smallpox.)

In 1858 an epidemic of spinal meningitis broke out in Ottawa County. "There were seven cases; all terminated fatally except the first."[32] (Dr. J. B. McNett.)

Dr. Charles W. Hitchcock thought the death of his father, Dr. H. O. Hitchcock, might have been due to meningitis, and wrote of the case in its possible relation to Bright's disease.

To the mind of Dr. J. E. Emerson, who had seen him in consultation, "the idea of meningitis was never suggested." He also disapproved of calling it "softening of the brain," because the "term was so vague as commonly used," and this writer who had "listened with deep and melancholy interest" to the history of the case—which had been reported by the son at the father's request, brought in "arterio-capillary fibrosis," which sounded well at the time and seems even now impressive.

Dr. Edward Batwell of Ypsilanti reported to the Washtenaw County Medical Society in March, 1878, a case of cerebro-spinal meningitis.[9]

To Dr. Guy L. Kiefer, State Health Commission, the compilers are indebted for the early records concerning cerebro-spinal meningitis.

"More or less evidence has been collected concerning eighty-eight cases of unusual sickness: thirty-three cases having occurred at or near the village of Dundee, forty cases at or near the village of Petersburg, two cases at or near the village of Deerfield, five cases at or near the village of Blissfield, two cases in the township of Raisinville, and six cases in or near the city of Monroe.

"At different times in the past this disease has prevailed more or less extensively at several places within this state. But any attempt to trace it now is attended with very great difficulty, for the reason that the attention of physicians and of the people was at that time almost entirely directed to efforts in the direction of cure, and no permanent provision had then been made, either for studying the cause of the disease, or recording the coincident facts and results that it might afterward be studied.

"Mortality statistics have been collected in Michigan only since 1867. The first statistical evidence of this disease in Michigan was in the second Registration Report, for the nine months ending December 31, 1868, in which are reported seven deaths from "spotted fever." For the year 1869, there were reported five deaths; for 1870, nine; and for 1871, eighteen deaths. During the year 1872 the number of deaths from this disease appears to have been much increased, and in 1873 very greatly increased, as indicated by the returns from the three counties before referred to—Branch, thirty-two, Ingham, fifteen, and Allegan, ninety-eight deaths. The deaths during the year 1874 will not be enumerated until the spring of 1875, but it seems probable that in 1874 there were in the state a less number of deaths from the disease under consideration than occurred during the year 1873.[†]

[†] Michigan State Board of Health Report, 1874, page 115. "Cerebrospinal Meningitis. Report to the State Board of Health upon an Epidemic in Monroe and Lenawee Counties, Michigan; and a Study of Some Other Facts Relative to the Cause of the Disease." By Henry B. Baker, M.D.

. . . In the fall of 1847 an epidemic of cerebro-spinal meningitis made its appearance in Detroit."

"The cerebro-spinal meningitis was observed as an epidemic in the winter of 1872-1873. Twenty-three years had intervened since its previous or first appearance in this region [Detroit]. It was not very prevalent, but continued to appear noticeably in damp houses, and where the land drainage was imperfect, chiefly in the outlying or newer portions of the city."

POLIOMYELITIS

"During the year 1910 poliomyelitis was reported present in fifty-seven localities in the state with an aggregate of 104 cases, including seventy-two deaths."[33]

"It would seem that this disease is on the decrease although the number of reported cases in 1912 exceeded those of 1911."

In 1915 there were ninety-five cases, 34 deaths; 1916, 598 cases, 148 deaths; 1917, ninety-one cases, thirty-seven deaths; and 1918, 121 cases, fifty-five deaths.[33]

The following is an excerpt from the *Bulletin of the Wayne County Medical Society* (1928):

> "Minneapolis.—The successful treatment of infantile paralysis by means of convalescent serum was reported to the American Medical Association here today by Drs. W. Loyd Aycock and Eliot H. Luther of the Harvard Medical School and the Vermont Department of Health.
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> "When the sufferer from poliomyelitis was given injections of the serum immediately after being taken sick and before paralysis set in, the serious paralysis after-effects were prevented in many cases. Only nineteen out of a hundred of the treated cases developed total paralysis, while 65.6 per cent of the untreated non-fatal cases had this unhappy ending. Among the treated cases there was a strikingly lower percentage of the severer grades of paralysis. The number of deaths was also greatly reduced by the convalescent serum."

During the month of July (1921) twenty-one cases of acute poliomyelitis were reported in Detroit.[26]

INFLUENZA

An accurate and interesting résumé of present-day knowledge concerning influenza—remarkable as coming from a lay source—is published in the *Flint Saturday Night* of December 22, 1928. It follows:

> "One of the few diseases left that have so far totally resisted the efforts of science to solve or cure, influenza is perhaps the most baffling. The present epidemic mild in form, has called attention to the fact that this form of infection is almost bacteriology's darkest mystery.
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> "Following the epidemic in the war years, the leading bacteriologists, at the request of the United States government, assembled all the data then possessed upon influenza. The result was discouraging, at that time. It was known that influenza was an infection of the respiratory tract, and all evidence pointed to the fact that it was transmitted through direct contact. That was practically all.
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> "Today, ten years afterward, not one iota has been added to that knowledge.
>
> "No man has ever seen an influenza germ. Most of the bacteria that plague the race have been isolated, studied through the microscope and their habits investigated. There is no reason to believe that influenza is caused by anything but a germ, but that germ is so small that it will pass through the finest filter available, which is porcelain.
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> "Man at present does not possess a microscope powerful enough to view a micro-organism so small. There is some reason to believe that man never will see the influenza

germ; the human eye has a limit, and if the germ is smaller in size than the lowest light wave-length, it will be physically impossible to see it. Evidence of the existence of micro-organisms so small has been brought forward.

"Influenza has so far steadfastly resisted all efforts to develop a serum to fight it. Medical science knows only of the broadest preventive measures, and no specific cures. The present treatment for influenza consists of rest in bed and such treatment as will allay the fever and maintain alkalinity in the system.

"The situation, however, is not as serious as these facts seem to indicate. There is reason to believe that influenza epidemics will be of a serious nature but once a generation, or even less often. The present epidemic fulfills a cycle. Every few years, for some reason which is absolutely unknown, there is such an epidemic. Only rarely does it bring the many fatalities of the war period.

"It is believed that the reason for this lies in the immunity the human system develops after an attack of the infection. As a usual thing, a disease leaves us with an antibody to that disease, so that a second attack is infrequent. Influenza seems to follow this rule. It is thought that influenza immunity in the human system lasts for a term of years shorter than the average life. This immunity cannot be inherited, it is believed. Hence, a new generation may be liable to a severer epidemic—if conditions (and nobody knows what those conditions are) are right for it.

"The cheerful part of this is that, this present generation having passed through at least two epidemics up to now, perhaps more, will not be liable to another severe epidemic. The next bad one, according to this theory, may come, say 50 years from now. The enormous strides made by bacteriology in the past 50 years give rise to the strong hope that before that time some treatment will have been evolved, to rob influenza of its terrors, just as diphtheria, smallpox and the other contagious diseases have been robbed of theirs.

"It was pointed out only this month that King George, had he sustained his present infection ten years ago, probably would not be alive today. In the past ten years great progress has been made in fighting pneumonia and kindred infections. The next ten or twenty years may see the same done for influenza.

"Even immunity presents baffling problems. It is a matter of common observation that frequently persons of splendid strength and vitality are the easiest prey of influenza, while the less robust ones escape. Some persons seem to be born immune, and walk through epidemics unscathed.

"Doctors are unanimous in declaring that the present epidemic is nothing to fear whatsoever. Due care should be taken by sufferers to avoid complications. Bed, plenty of water and citrus fruits—lemons, oranges, etc.—are indicated. 'Flu masks do no good at all. Coughing or sneezing without covering up the mouth and nose are sure ways of spreading influenza, and those who love their fellowmen and respect their rights will be guided thereby."

Says Dr. J. Byron Newman of Detroit (1892), "We have no correct history of influenza prior to the midnight of the dark ages—the tenth century—but we have no reason to doubt its existence prior to that time.[37]

Of influenza Dr. Guy L. Kiefer writes that it is first mentioned in Report of 1876, Page 148, when the system of "Weekly Reports of Diseases" was begun.

"In January, February, and March, 1879, a severe form of influenza prevailed quite extensively in Michigan, and probably throughout the northern states."[33]

"Considering the fact of the unusual amount of ozone during the first quarter of 1891, and of the unusual direction of the wind in February, and the unprecedented direction of the wind in March, together with the great increase and unprecedented occurrence of influenza throughout the state during the last three weeks of January, and the months of February and March, following paragraphs supply evidence which seems to be very important. [Paragraphs give prevailing direction of winds.]

"It will be seen that influenza was very remarkably present in the early months of 1890, and unusually so in the latter months of the year."[33]

"A comparison of 1891 with the average for the five years 1886 to 1890, shows that influenza was the only disease in which there was a marked increase in 1891.

"In 1891 influenza apparently caused more sickness than any other disease."[33]

"The epidemic of 1879 has the same sort of curve as have other years, only in 1879 the disease was more than usually prevalent, over 80 per cent of all the reports in February, 1879, having stated that influenza was under observation. The diagram does not show the curve for 1889-1890, but I have here a table which shows that in this epidemic the curve rose rapidly, from 37 per cent of the weekly reports in December, 1889, to 92 per cent in January, 1890, and reached its highest point in February during which month 95 per cent of all the weekly reports received stated the presence of influenza."[33] ("The Causation of Influenza and Allied Diseases"—Dr. Henry B. Baker.)

"Influenza showed a slight increase in 1895 over the average for the eighteen years, 1877 to 1894."[33]

Volumes have been written of the devastating epidemic of influenza which occurred during the World War. Scarcely any community was exempt and fatalities appallingly numerous. Its progress was baffling to the medical profession and sanitarians.

Abdominal Surgery and Appendicitis

A frequent cause of death and, usually, of neighborhood sorrow—"usually" because at that time "progress" and "go-getter" influence had not leavened the community lump with crime in a confluent form, and good people of whom there was a vast preponderance were spared with sincere regret—was "inflammation of the bowels." This malady was at that time very justly regarded as a summons to the cemetery. One born in the present surgical age and viewing appendicitis through the eyes of the operator with greater nonchalance than that incident to the treatment of a sliver-infected finger, could not possibly understand the dismay which followed its appearance in a household. The recognition of appendicitis and the application thereto of surgical measures is one of the greatest of late nineteenth century benefactions.

"Dr. William Fuller, a resident of Grand Rapids since 1878, died November 1 [1927]. Dr. Fuller had a world-wide reputation as a brain specialist, and is said to have conducted the first successful operation for idiocy, and to have conducted an autopsy which resulted in the identification and naming of appendicitis. He was elected an honorary member of the Michigan State Medical Society in 1920."[26]

Whatever may be the justice of the claim as to the identification and naming of appendicitis, that in reference to his competence in neurology is above question. He was a painstaking and thorough anatomist and devised charts for study and models for demonstrating cerebral localization.

Dr. William Fuller, born near London, Ontario, in 1842, began the study of medicine at the age of 14, but was forced to relinquish it and engaged in school teaching.

He entered McGill University in 1863, and graduating four years later received the M.D.C.M. degree and the senior prize for practical anatomy.

He was appointed demonstrator of anatomy and curator of the museum of McGill, held the chair for seven years, then accepted that of anatomy at Bishops College, Montreal; was attending physician at the Woman's Hospital, Montreal.

In 1878 he came to Grand Rapids; was licentiate of the College of Physicians and Surgeons, Quebec, and member of the British and Canadian Medical Associations, also of the Medical and Surgical Societies of Montreal and Grand Rapids, the State Medical and the American Medical Associations.[20]

"In the early nineties F. P. Pratt cut down to and drained an appendiceal abscess—not removing the appendix—the first, I believe, by a Jackson doctor, after a previous diagnosis of appendicitis. The same operation had been done prior to this, but with only the diagnosis of 'abdominal abscess.' "[4]

Dr. Delbert E. Robinson, who located in Jackson in 1896 and died in 1928, "had a great deal of preparation for surgical work, and after a large general practice began doing surgery. In a short time he was taking care of a large business, doing a very large amount of surgery in which he was very successful. His work inspired others, and the profession became more ambitious and the many medical men were thereafter doing better work. In Jackson, modern surgery began with Robinson."[4]

"The latest [1885] evolution of the antiseptic craze is metal operating tables . . . Metallic fingers and finger-nails would on the same principle be excellent innovations."[29]

It is a startling and interesting title, to present-day readers, that of a paper by Dr. Schuyler C. Graves, read at the State Medical Society meeting, 1899, "The Employment of Gloves as a *Recent*† Factor in Operative Surgery."[38]

Dr. Schuyler C. Graves analyzed twenty-five cases of appendicitis in a paper before the State Medical Society in 1895; 28 per cent recovered without operation, 32 per cent *with* operation. In 8 per cent death occurred due to intercurrent maladies and in 32 per cent from the disease alone. Of twelve cases in which operation was performed there was a percentage of mortality of 33.3; of thirteen medically treated cases, 46.1.[38]

The "cherished hope" of the *Detroit Review of Medicine and Pharmacy* in 1868 was "that of cultivating among our brethren a taste for writing, thereby to preserve to the profession a record of the valuable experience gained from many a difficult and rare case."[10]

The hope was commendable, but its tangible results were meager. Save for the Ann Arbor and Detroit contingent of the Michigan profession, case reporting was infrequent, and as to the articles published by those who responded there is an appalling amount of postmortem detail. Surgery as applied in modern times would have relieved many of the patients, the results in whose cases contributed so largely to necrological statistics. However, abdominal surgery was "on its way," and one cannot withhold a pæan of praise to the pioneers thereof. Discouraging it must have been, for example, to Sir Spencer Wells to have lost sixty-six patients among the 228 women upon whom operation was made, but he derives satisfaction from the experience in later cases than the first hundred in which there was above 30 per cent of deaths. Exploratory incisions had resulted in 25 per cent of deaths.[10]

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†Italics are the reviewer's.

"Mr. Spencer Wells has just completed [1880] his one thousandth case of ovariotomy and his patient is doing well. At his eight hundred eighty-eighth case he commenced to treat his cases antiseptically, since which his successful cases have been more numerous. A thousand cases!"[31]

Concerning a case of "extra uterine fetation," Dr. F. Gilbert of Detroit writes (1868), "We lost sight of her July 15. Her mother states that about three weeks before her daughter's death, an exploring instrument was passed into the tumor through the abdominal walls; that this was almost immediately followed by chills, and in the course of a week or so by severe pain and great enlargement of the trunk, and by copious vomiting of a green slimy fluid."

Dr. Gilbert received the following account of the postmortem appearances from a gentleman who was present. "The fetus was lying free in the abdominal cavity, and was considerably decomposed . . . the left ovary had given way . . . There was extensive peritoneal inflammation, with effusion of plastic lymph and one firm adhesion to the abdominal walls."

"There are cases," he says, "where all or nearly all the conditions would seem to justify operation; and yet, if guided by experience, the greater number of recoveries have been without an operation."[10]

"Dr. A. B. Palmer gave an interesting case of postmortem examination where ulceration of the duodenum was found to be the cause of death. Dr. J. F. Noyes of Detroit detailed the particulars of a case of ulceration of the duodenum, which came under his observation. Another similar case was spoken of. In all the above cases the cause of death was not known until a postmortem examination had been held, and Dr. Jenks argued therefrom the necessity and importance of postmortem examinations which he thought should be made much more often than they now are."[10]†

Surgical salvage has, fortunately, diminished the opportunity for the study of these cases after death, but the marble slab is still found serviceable for investigation of "subjects" of automobile fatalities, gangster performances and hold-up activities.

In the light of present day surgery it is pathetic to read of "An

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†Date in doubt. Sometime in the Seventies.

Anomalous Case of Ovarian Cyst" reported by the distinguished Dr. H. S. Cheever of Ann Arbor in the *Detroit Review of Medicine and Pharmacy* (1867).

Professor Palmer was in consultation. He performed "paracentesis" because of a large amount of free fluid in the abdomen. This was in December, 1865. Discharge from the side continued until March. In April the abdomen became rapidly enlarged. Hesitatingly the trocar was again used, but impinged "against some substance which yielded and could not be penetrated." Not more than a pint of fluid was obtained. Death occurred in September.

Professors Ford, Sager and Cheever were present at the postmortem. "A conical shaped sac was found lying obliquely across the cavity [of the abdomen]." It was attached to the left ovary and to the gallbladder. The latter was adherent to the abdominal parietes. "The gall bladder contained 160 calculi about the size of a buckshot, except one, which was about the size of a hazel nut, and blocked up the mouth of the cystic duct so that the rest could not pass out. . . . The ovarian cyst was nowhere adherent except at the two points mentioned, namely the gallbladder and left ovary."[10]

Verily, the surgical "world do move"; and it is to exult in casting a glance backward over the long trail blazed by medical predecessors out into the "opening"—all in the brief period of sixty years. The profession can now see ahead almost definitely to further accomplishment and the solution of many difficult problems yet to be undertaken. Our forebears toiled and groped and bore the burden and the heat of the day. Those of the present generation are heirs to their accomplishment made under the discouraging handicaps of tradition, conservatism and ignorance. Dependence was necessarily placed upon speculation, and theorizing in the absence of those aids to scientific research at present available.

Apropos this, a contribution to the *Detroit Lancet* by Dr. J. R. Jones of Leesville reveals that "although the operation did not save her life, it was in the execution a success and gave to her ten days of comparative ease and at least an easy death."

There's something to be claimed for surgical euthanasia.

Dr. C. G. Jennings, the now eminent internist of Detroit, at one time had surgical aspirations. He aspirated an "Abscess of the Abdominal Wall," and writes, "At the time of aspiration also we were able to detect intestinal resonance on deep percussion. Aspiration settled all our doubts on the subject."[9]

One of the early operations for ovariotomy (in May, 1878) in this state was made by Dr. J. M. Snook of Kalamazoo, and reported at length in *Michigan Medical News,* Volume I, Page 181. He was assisted by those veterans in surgery, Drs. H. O. Hitchcock, Mottram, Hochstein and Ranney.

"The incision was closed by strong silver sutures placed about three-fourths of an inch apart," and between the last two sutures a "little hard roll of linen was placed as a tent, reaching through into the cavity to enable me at some future time, if required, in case of accumulation of decomposed fluids, to cleanse it with injections of warm medicated water.

"On the eighteenth day I found a small abscess containing about one-half ounce of laudable pus at the lower end of the incision just where the tent had been. Temperature, 101 degrees.

"On the twenty-third day she experienced a severe chill, with loss of appetite and a little increase of the hard bunch in the right iliac region.

"On the twenty-sixth day another little abscess made its appearance . . . In the evening of the same day erysipelas appeared about the wound." (This later extended down the thighs, over the back and along the arms.)

On the twenty-eighth day, Dr. Snook removed two teacupfuls of intensely fetid material. There was "a constant jabber of a low muttering delirium." Chloral hydrate was administered "because of its known antiseptic properties" with tonics and stimulants. (Tr. Iron, Cinchonidia, Whisky.) "A profuse diarrhea came on with an odor almost unbearable."

On the thirtieth, the temperature dropped from 105° to 103°. On the thirty-second, it was 101.5°.

On the forty-sixth day the patient sat up in bed although suffering from "a slight congestion of the lungs and a little bronchitis."

"On the forty-ninth day she was helped to, and sat in a chair for the first time," and "is now (July 31, 1878) able to walk from her home into town."[31]

Such were the experiences and vicissitudes in abdominal surgery a half century ago. And the devoted and accomplished Dr. Snook *is still living!*

Dr. P. D. Patterson of Charlotte reported two cases of ovariotomy to the State Medical Society in 1888. Both patients recovered. He says somewhat apologetically of one, "Had I operated at the time of tapping I am sure less adhesions would have been found. Whether the patient would have stood the ordeal of so formidable an operation I cannot say, but should I ever have a similar case, I am not sure but I should remove the tumor instead of resorting to tapping."[38]

"This case serves to show," said Dr. Maclean (1889), discussing a report of Dr. William Greenshields on a case of accidental gun shot in the abdomen, "what modern surgery can do under unfavorable circumstances. A few years ago this woman would have been left to die."[38]

Dr. H. Kiefer emphasized the importance of Dr. Greenshields' technic which involved the use of antiseptics and clean instruments and operating with clean hands.

And Dr. G. K. Johnson said that in the army (Civil War) where he "had the fortune to" observe such cases "the practice of laparotomy for gunshot wounds of the abdomen was almost unknown."

Dr. George D. Carnes, South Haven, who died in 1924, aged 73, was a member of the Kalamazoo Academy of Medicine since 1886; was sometime councillor of the State Medical Society.

Dr. Carnes in 1888, as many others have, met a Waterloo caused by the anxious relatives, who always arrive about the second week of any severe illness, and know that no one's bowels ought to go a week without moving. His was the "time honored opium treatment" of peritonitis.

A consultant "graduate of Jefferson" to his surprise advised discontinuance of opium, prescribed calomel, "and kindly told the friends that it should have been given at first."

He resigned the case. In justification of reporting it to the State Medical Society he asserts that while "One Sparrow [*sic*] doesn't make a Summer," one of these "will make us think of Summer."[38]

Will it, if it happens to be of the English type?

In the discussion, Dr. S. P. Duffield saw "Dr. E. P. Christian sitting before him," and was reminded of bleeding *ad deliquam* which was scarcely fair concerning this anything but sanguinary character.†

Dr. Hemenway believed in "straddling the fence on the subject." Dr. H. O. Hitchcock pumped into a cavity a weak solution of bichloride, but "she said it hurt," and he ceased to pump in when he "could not pump out any more." The patient improved after fluctuating conditions, almost to convalescence, but "then it came back and she died from exhaustion almost a month after the operation." He showed "the gentlemen one of those concretions of the appendix vermiformis," and thought there might be an addition to the Prayer Book," "From appendix veriformis which secretes such things as this, good Lord, deliver us."

Dr. A. W. Alvord of Battle Creek believed that cathartics were "ill-timed in the treatment of peritonitis," and if Dr. A. F. Whelan of Hillsdale were "called to a case of pure peritonitis," and "should administer a drastic cathartic" he would "advise the friends immediately to get their mourning apparel and the undertaker."

Dr. D. H. Wood of Quincy by applying "a flannel bandage around the body from the pubes to the ensiform cartilage" as a splint—then administering opium, found that "my *medical* [italics his] cases of peritonitis have made fair recoveries."[38]

Dr. McGraw said in his presidential address to the State Medical Society in 1888, "The English mind is intensely practical, and the distaste for specious theories is so marked and general as to constitute a national peculiarity. For this reason, the doctrines of Lister met with a cold reception from the English profession, and although their general acceptance, in a more or less modified form, by other nations, has served to restrain somewhat the expression of English skepticism, yet it can hardly be doubted that, had England been the only civilized country, antiseptic surgery would have grown very slowly, if, indeed, it had not died an ignominious death."

Dr. Charles B. deNancrede, in a paper in 1890 before the Detroit Medical and Library Association on "Shall All Cases of Appendicitis be Treated by Laparotomy," mentions that "the operation of removal of the appendix was not formally attempted until after 1884, in which year Kronlein recognized as the cause of the trouble and removed a perforated appendix."[38]

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†Dr. Christian, who maintained silence during the discussion, despite the implied challenge of Dr. Duffield, advocated at the same meeting the use of "Cantharidal Vesicants in Pneumonia, Pleurisy, etc." which might be construed as "let the water" (only).

Dr. McGraw said, "Operative procedure for appendicitis has recently gone to extremes."

It could not have been earlier than the year 1895 when a woman who could read, but had lost the sense of hearing in middle life inquired of me, "What is this new disease appendicktis?" Thus she pronounced the word having missed its complete syllabification. (C. B. B.)

In the excellent annual address (1889) by Dr. Herman Kiefer of Detroit on "Surgery Within the Last Fifty Years," the tribute is paid, "that if we have any cause for speaking about progress in medical science and success in practice, we owe thanks to surgery, which takes the lead and deserves truly and justly the name of 'the divine art.' "

He wrote of early day surgery and hospitals—the hotbeds of disease. "In 1872 hospital gangrene made its appearance" in the Munich Surgical Clinic, "Pyemia had been at home here for decennaries; all complicated fractures, nearly all amputations had to succumb to it—many a robust youth with a most vigorous body was lying—like a murdered man—upon the dissecting table, erysipelas was to be found in almost every bed; healing *per primam* was never seen." All this has been "rooted out by Lister's method as by magic."

"But how do germs induce disease?" he inquires, and answers, "This is another stumbling block."

As a matter of fact it is just one stumbling block after another, as the impact of Dr. Brodie's toes revealed in the tuberculosis discussion. He wanted to know "how these bacilli originate."

"Let Dr. Henry enlighten you. New scientific facts reported in the *St. Louis Times*: 'Not only is appendicitis caused originally by pinworms, according to my experience,' said Dr. Henry, 'but it is quite likely that the disease is spread by them, through kissing or contact between the patient and relatives or friends.' "[25] ("Tonics and Sedatives," January 12, 1929.)

Oh Henry!

Dr. Schuyler C. Graves of Grand Rapids congratulated Dr. Hal C. Wyman of Detroit on the title of his paper (1899), "Some Features of Surgical Appendicitis." "It announces the fact," Dr. Graves said, "that the time has come when the dogmatic statement to operate as soon as the diagnosis of appendicitis is made, is past."

Dr. Wyman had declared: "It is unfortunate but true that surgery does not cure every case of appendicitis.

"More cases are cured nowadays than were cured formerly.

"The technic of the operation is steadily improving. The judgment and resources of the surgeon are increasing."

And Dr. J. H. Carstens told them at the same meeting "Why Some Severe Cases of Appendicitis Recover Without Operation." After detailing what might fortuitously happen through rupture into the bowel, he makes the almost incredible statement that "in such a case we are guyed by our conservative friends and told not to be too hasty with the knife."

The chairman, Dr. E. B. Smith, remarked that he "knew Dr. Carstens could not read a paper without getting an operation into it some place."[38]

With fine optimism, Dr. E. L. Shurly in the annual address on medicine to the State Medical Society, 1897, says:

"We are indeed approaching (even in the department of therapy) conditions of exactness which may become in the near future almost mathematical, when the charms of empiricism, the perplexities of individualism, and the uncertainties of prognosis even may vanish before the search-light of physiological chemistry and the X-ray; when even those mysterious protoplasmic laborers of the economy—the corpuscles—whose origin, laws of action, growth and natural destruction have thus far baffled successful discovery, may, by some fortuitous or well planned scheme or research, be shown up to actual observation; and when the principles and laws of that complex physiologic enigma called metabolism may be formulated with geometrical accuracy. For much of progress and for much of hope we are indebted already to experimental biology, bacteriology and physiological chemistry."

"Surgery, spreading out her gracious mantle of asepsis, has forcibly entered the domain of purely medical art, for she removes with impunity diseased organs from within the sacred precincts of the abdominal and pelvic cavities over which formerly medicinal means only held sway. She has plucked from medical nosology the historic idiopathic peritonitis and substituted therefore appendicitis, and now regularly saves time and life by removing entirely that rudimentary inheritance of our pre-anthropoidal ancestors called the appendix vermiformis. She, however, gives us no satisfactory etiology for this affection, appendicitis, for while she says that the disease is caused by migration of those innocent saprophytic comma bacilli, she does not tell us why the pesky things are Anglo-Saxon microbes, and what particular circumstances induce them to quit their native heath for pastures new. Surgery also comes to the aid of medicine in removing by saw, curette, snare, drill and chisel many of the causes of that obnoxious disease of the north temperate zone, generally known as nasal catarrh. She also resects and exsects the ribs and even portions of the lung. The physical and mechanical methods of diagnosing and treating chronic diseases of the stomach are among the notable and efficient innovations of the present time; much good has been, and will be accomplished, if proper conservatism be maintained."[38]

Dr. H. B. Shank, discussing in 1887 a paper by Dr. E. L. Shurly, said he didn't "consider incision into the pleural cavity as dangerous as it was formerly thought to be thirty-five years ago, and Dr. Bennett said that paracentesis has been on the increase." "Now," he adds, "since they give quinine in all cases, we have had an increase of pleuritic effusion; we have had to go in with the trocar and aspirator and often make three incisions between the ribs to let out the sero-purulent matter and to aspirate the pleural cavity."[38]

SALT RHEUM

The pathology of so-called "salt rheum," of which there was frequent mention in the long ago, is not clear to the present writer, but, nevertheless, probably as pellucid now as to the curbstone consultants called upon then to prescribe for it. It may have been tubercular affection of the skin, or, more likely, eczema. At the present time it could doubtless be *named*, if not understood.

DYSENTERY

A "Committee on Dysentery," of which Dr. Henry Taylor of Mt. Clemens was a member, was appointed for Michigan, by the "National Medical Association" in 1854.[35]

Dr. John Flinterman, "aware of the hypothetical value of [his] views as to the origin and nature of sporadic dysentery," ventures the opinion that "all these cases are modifications of typhoid fever"[9] (1880 or 1881).

ST. VITUS DANCE

Chorea appeared from time to time among the school-girls. It was not taken by parents with sufficient seriousness to lead to seclusion at home. Neither was it—which goes without saying—regarded by the boys as other than an amusing diversion from study.

ERYSIPELAS

And another Saint—he of the "fire" (Anthony)—numbered not a few victims. Facial erysipelas was often seen, in early days and was attributed to extension of inflammation to the contiguous skin, from the nasal mucous membrane. It was not regarded infectious or contagious.

BILIOUS FEVER

Dr. Thomas[3] endured what he refers to as a bilious fever of two or three weeks' duration during which he suffered all the hardships and privations incident to a log cabin life in a new country. The nearest physician, twenty-five miles away, was eventually consulted and recovery followed.

"Fevers of a low grade that ran a course of some four weeks were prevalent in the fall and winter of '34 and were of a strongly marked typhoid character."[3]

"TYPHO-MALARIAL" DISEASES

Dr. Morse Stewart reported to the October, 1866, meeting of the Wayne County Medical Society, a local epidemic of typho-malarial fever. Typhoid was under consideration. In connection with this "there seemed to be a malarial element underlying all these cases, and the remedies most successful were of an anti-periodic nature." Dr. Stewart had also noticed during the heated term in July "an unusually large number of cases of cholera morbus which were peculiarly intractable, but while the cholera poison was present to a greater or less degree, in the atmosphere influencing prevailing diseases, yet it was not sufficient to give rise to an epidemic." Dr. Kiefer mentioned one fatal case which seemed to be in every respect identical with those of genuine Asiatic cholera.

The excursions into etiology of disease at this period were very general and are of no little interest. Witness the article of Dr. E. P. Christian, later the eminent obstetrician, of Wyandotte, in *Detroit Review of Medicine and Pharmacy*, Volume I, 1866, Page 289, on the "Epidemical Relationship of Zymotic Diseases as Indicating Unity of Cause."

That veteran and learned practitioner, Dr. J. S. Caulkins of Thornville, thoroughly and painstakingly discusses "Typho-malarial Fever" in the *Detroit Lancet*, Volume I. He believes in it as an entity. In certain patients the intermissions will be so distinct that "the medical attendant sees nothing in the case but an ordinary malarious attack," but despite favorable prognosis the days pass and "the surprised and baffled doctor is obliged to stand impatiently by and see the disease run on until at last he is compelled reluctantly to acknowledge that it is a case of typhoid fever with which he has to deal."

The opinion got itself accepted by the International Medical Congress that typho-malarial fever is typhoid fever "happening in a subject that has been exposed to malarial influences," but Dr. Caulkins declares, "although this decision seems almost to close the question, there are yet stubborn reasons to believe that it is erroneous and that typho-malarial fever is not a complication of diseases, but a genuine hybrid or mongrel."

The paper is scholarly and delightful. He grows prophetic. "It is probable that the specific for typhoid fever will be among the first to be found, and that our descendants will think no more of breaking or anticipating a typhoid fever than we do of serving an ague in the same way."

"The theoretical conclusion which we reached that the two poisons were two nearly related saprophytes, leads to the further conjecture that the yet unfound specific for typhoid fever is a vegetable substance, although it may be that in the golden age it, in common with much that for us is the exclusive product of the chemistry of life, will be produced by the direct synthesis of its elements."

In the cases reported, morning and evening temperatures are faithfully recorded, treatment outlined with great care. Of alcoholics he writes that they "confuse the head," although some regard them the "*sine qua non* in this disease." He is not prejudiced against them, but finds it "safe to say that in three-fourths of the cases of typho-malarial fever in country practice alcoholics are not needed."

Discussing a paper (1887) on "Continued Fevers in Michigan," by the eminent Dr. George P. Andrews of Detroit, who had something to say on malarial disease, bilious remittent fever, and continued malarial fever, and gave diagnostic points for the differentiation of these from typhoid, Dr. Foster Pratt made the rather surprising statement that while early in his practice in Virginia he had seen typical typhoid fever cases, he had not in a practice in Michigan for thirty-one years encountered one.

Dr. Breakey called attention to the fact that the late surgeon, General Woodward, who had been credited with applying or accepting the term "typo-malarial fever" as one of the disabilities of the late Civil War, subsequently considered it a designation unfortunate and scientifically inaccurate.[58]

DIPHTHERIA

"Dr. Flintermann had met with diphtheria of very grave character complicating scarlet fever. He reported two fatal cases (to the Detroit Academy of Medicine) in which the illness was only of short duration, and during the day he had a patient who, he thought, had only a few hours to live.

"He thought when scarlet fever was prevailing, that the Board of Health should see to the cleansing of school-rooms, etc., and if necessary, close all the schools for a time."[9]

The inference to be drawn from this, that the Board of Health had not been thus functioning in 1877, is startling.

In a lengthy and elaborate paper on the "History of Etiology of Diphtheria," read before the Calhoun County Medical Society in 1878, Dr. Amos Crosby goes deeply into the subject and believes with Oertel that the disease "originates *locally* in that portion of the mucous membrane over which the air must sweep, in its passage to the lungs or over which food and drink must pass in being taken into the stomach," that "saliva containing the germs may be coughed by the patient into the mouth of another who is examining his throat," that "the disease thence spreads by extension to the adjacent parts," and produces the disturbances to which [he] has previously called attention.[9]

Discussing the report of a committee on the subject of pharyngeal disease and diphtheria made to the Calhoun Medical Society in 1879, Dr. Crosby said, "The prevalence of the disease in the Sanitarium and its vicinity, and not in other parts of the city, indicates, I think, one of two things, either a faulty diagnosis or great carelessness on the part of the Sanitarium authorities as to the enforcement of sanitary laws. The matter needs investigation, and if over eighty cases of diphtheria have actually occurred in the Sanitarium and its immediate vicinity, or that part of the city under the supervision of its medical staff, and none elsewhere in the city or suburbs, and if the disease is, as claimed by the medical superintendent of that institution, a disease which may and does to a great extent originate in *filth,* then it seems to me that the Sanitarium needs cleaning out."

Dr. Eugene Smith was "surprised that the matter should be referred to him, as his specialty directed his attention higher up." Dr. Green suggested "where doctors disagree who shall decide," and Dr. Joy, very opportunely, it seems to the present writer, "moved that further discussion of the subject of diphtheria be omitted for this meeting."[38]

An epidemic of diphtheria occurring in the intermediate department of the Tekonsha High School was reported to the Calhoun County Medical Society in 1877, by Dr. O. C. Lyon. Of twenty-two severe cases, six patients died, the homeopathic physician lost three in seven, the eclectic reported eight cases with only one death, but these "were very mild," and he lost four "outside the corporation."

The treatment Dr. Lyon found most successful was "sulphur blown into the throat, frequent gargles of hyposulphite of soda, quinine in water, with tincture of iron and chlorate of potash, and gargled every alternate hour."

He found no good in the atomizer, or much from outward applications, although he "always applied some counter-irritant."[9]

Oh, that gargle! Or should it be spelled *gargoyle?"*

It seems almost incredible, but Dr. Topping of Dewitt found it necessary before the State Board of Health (1878) to reverse a former report "that he had seen no evidences of the contagiousness" of diphtheria, "having lately traced about seventy cases to one first case."[9]

"It is often difficult," said Dr. Shurly, "to distinguish between membranous sore throat and diphtheria. Clinically speaking, the diseases were identical. He thought it was the duty of the physician to give the community the benefit of the doubt."[29] (Proceedings of the Detroit Medical and Library Association, February 18, 1884.)

Dr. J. E. Wilson (one of the twins who practiced for many years in Rochester) prevented the "spread of diphtheria" by burning sulphur, "in every room in the house night and day, during the continuance of the disease and to an extent just within the tolerance of the inmates." "My brother," he says, "has had the same experience—which will cover over ten years," and "the disease has not extended to any other member of the family."[38] The only question about this was, it seemed to him, whether he was "able to differentiate diphtheria from other throat difficulties."

Dr. David Inglis, who had an inquiring mind, asked how he kept up the burning, and learned that he "put it on charcoal, put on alcohol and set it afire." In reply to a further question of Dr. Inglis as to the likelihood of the atmosphere producing irritation to the whole respiratory system, Dr. Wilson reiterated, "just within the tolerance of the inmates," and added, "it will produce a spasmodic cough for a time, but it is wonderful what an endurance will be developed."

The veteran Jabez Perkins of Owosso had thought favorably of this as a prophylactic measure and had tried it, giving also quinine and applying sulphur direct to the fauces, "but one after another they continued to come down until the entire family were sick with the disease and four of the children had died. At this point the family, what remained of it, were removed into another house, furnished with a bath and fresh clothing, and the old house with such articles of clothing, bedding, etc., as could not be safely and thoroughly disinfected, were burned to prevent spreading of the disease."

Dr. S. Belknap of Niles had used carbolic acid, turpentine and bichloride of mercury and liked the latter best. He set a steam atomizer going and the child got well of "diphtheritic croup," the parents having refused to permit tracheotomy.

Dr. Samuel Bell of Detroit—Is it treason to record it?—thought alcohol in some form a near specific. Dr. Herdman advocated bactericides, bichloride, thymol in alcohol, peppermint, and wintergreen. Dr. Eugene Boise a precipitation of iodine and Dr. Georg "one single medicine," turpentine.

Dr. Whelan had followed Dr. Georg's treatment and had seven cases of renal trouble in ten—whereupon Dr. Georg insisted upon large doses, as small ones produced strangury.[38]

Dr. J. E. Clark said in 1886, "It has not been positively proven that diphtheria, scarlet fever, typhoid fever, relapsing fever, etc., are due to a specific microbe, but still the balance of evidence greatly favors this view."

He has something to say for sulphur, quoting Homer in the "Odyssey":

> "Bring sulphur straight, and fire (the monarch cries),
> And at the word obedient flies,
> With fire and sulphur, cure of noxious fumes,
> He purged the walls, and blood-polluted rooms."[38]

Dr. W. Lynn Wilson read in 1892 to the Detroit Medical and Library Association a paper on "The Identity of Diphtheria and Membranous Croup."

A few cases, he says, "have convinced me that croup is contagious."

At that time the cause of diphtheria was "not yet well established, but supposed to be either the bacillus of Loeffler or the micrococcus of Oertel."

As late as 1887 Dr. Charles Douglas of Detroit could say of diphtheria, "Concerning the contagious nature of this formidable disease, some doubt has been expressed," and inquired, "Can it be possible that the different character of the inflammatory discharge in tonsilitis, influenza and diphtheria is the main difference between these diseases?"[38]

"The Treatment and Management of Diphtheria," by N. F. Brown, M.D., Detroit, and numerous other publications of the period on this subject, indicate how serious this affliction was at one time regarded.[9]

In the discussion of "The Duality of Croup and Diphtheria" before the Detroit Academy of Medicine in 1878, Dr. Peter Stewart mentions "plausible theories and arguments on both sides of the question," but believes "those who maintain the identity of the two diseases . . . have not . . . made out a case."[9]

Dr. Lewis E. Maire of Detroit, discussing in 1884 "The Etiology of Diphtheria," asks, "Is there a specific diphtheritic germ like that of variola, scarlatina or measles?" and answers the query, "This appears to be a much mooted question . . . this does not disprove the existence of a specific germ.

We have not discovered the germ of variola, still no one denies its existence."[29]

"Whatever be the immediate cause of the disease [diphtheria]," writes Dr. E. L. Shurly, "the constitutional treatment is also a matter of great importance." He sets little store by local treatment in severe cases in the absence of this, and declares "there is but little doubt, after a careful study of the literature of the subject up to the present time, about the efficacy of quinine and alcohol as mainstays in this and all similar diseases."[9]

The reviewer disclaims any intention of introducing this as anti-Volstead propaganda.

Dr. T. R. Buckham of Flint suggests prophylaxis in this disease. It "might possibly be prevented," he writes, "from spreading in households by giving the members of the family, *who had not yet taken the disease* [italics his own] the same constitutional remedies that I gave to cure those who had it."[9]

There is no evidence here of conspiracy with Dr. Shurly. The paper and letter appear in the identical number of the journal. Dr. Buckham might possibly have attended the Detroit Medical and Library Association meeting when Shurly's paper was read, but his presence is not mentioned in the minutes.

Dr. William B. Sprague of Battle Creek writes approvingly of prophylactic treatment, quotes Dr. Buckham, and traces the origin of this to Dr. Pitcher. His prophylaxis, however, was quite different from any above mentioned, which will scarcely be doubted as his "colleague Dr. Kellogg suggested it." No palatal appeal would be made by "diluted Labarraque's solution every hour."[9]

Discussing diphtheria, the *Medical Age* says: "Are not the above facts, which can, doubtless, be corroborated by unprejudiced observers in all parts of the country, sufficient to stimulate a search for the *fons et origo mali* in some other direction than that in which experimenters and investigators have, with unaided eye and microscope, been directing their gaze? Might it not be well to cry a halt to the enthusiasts who are filling our literature with their confusing theories based on discoveries without the body, and ask them to look within? Instead of searching further for micrococci, might it not be well to interrogate the body to discover whether it may not infect itself? Auto-infection is nothing new, and may not diphtheria be traced to causes coming from within the body rather than from without? We submit that these questions are timely, and furnish food for thought. It would be interesting to know how much of the little efficacy of the prophylactic and curative measures in vogue is due to their destruction of 'germs' and how much to their elimination of matter of which the excretory apparatus has failed to unload the system. How much of the malaise and other constitutional symptoms preceding the appearance of the patch is due to the entrance of the poison from without, and how much is due to the retention of the products of tissue metamorphosis?" (1884).

Dr. N. F. Brown of Detroit in a paper read before the Academy of Medicine on Diphtheria (1882) relates that a patient "without any encouragement from me" took "small doses of glycerine every hour" because of "aversion to medicines generally," and that "in three days all traces of membrane had disappeared."

As to quinine, he says it is a valuable remedy and that "by using it in suppositories, or by inunction, its tonic property is obtained" with very seldom "appreciable disturbances of the stomach or intestines."[9]

As to etiology he thinks that "extrinsic and intrinsic agents seem necessary, in some cases at least, to produce diphtheria, and perhaps electrical currents, with an increased or diminished amount of ozone."[9]

"Tracheotomy in Diphtheria—A Case in which it was Successful," was reported by Dr. J. R. Jones of Leesville.[9] The operator was Dr. N. W. Webber of Detroit.

The caption of the article, as above, leads to the query as to the relative success or unsuccess of this operation, in serious cases such as the one described.

"The results of his [Dr. C. G. Jennings'] experience in tracheotomy" are "calculated to arouse a more favorable opinion of this operation than that existing. He has, during the past four years, performed it in twenty cases of croup, with nine recoveries." He holds that the proper time "is 'medically late, but surgically early,' which aphorism being interpreted (and an interpretation of it is, perhaps necessary) means that the time is just immediately after it has been determined that further medical interference is hopeless"[29] (1884).

Dr. V. Sinz of Trent [*sic*], Michigan, reported in the *Medical Age* (1884), a case of "Diphtheritic Membrane Discharged from the Bowels."

"Sic Transit Bacteria" is the caption of an article in the *Michigan Medical News* (Vol. V, 1882) which reveals that the "diphtheria poison is merely on the surface of the bacillus and that the latter is not, in itself, the virus."

Dr. C. Georg of Ann Arbor said (1887) in discussing a paper by Dr. H. B. Baker on "Cold Weather Communicable Diseases," that he had followed the literature of bacteria for several years, and that it was always a satisfaction to have a disease rescued from its own position, and put upon its proper position of relation to a cause.[38]

The Klebs-Loeffler bacillus definitely asserted its sovereignty in 1895 through the aid of Drs. F. G. Novy of Ann Arbor and Collins H. Johnston of Grand Rapids in a symposium on diphtheria. Drs. Charles G. Jennings of Detroit and Charles T. McClintock of Ann Arbor wrote on treatment, and extravagant praise was given in the discussion following, to the authors of the papers. One speaker representing a (then) humble specialty, declared that "with results such as these it can no longer be said of medicine, that it has made no advance," while "surgery has gone on with wonderful progress." Through such contributions he discovered a "bright future."

Dr. H. M. King said that in Grand Rapids they had had "universally flattering" results through personal experience with the use of antitoxin since January of the present year," but that "considerable criticism" had appeared from "those in our local society who for one reason or another are prejudiced against its employment." Dr. J. E. Clark of Detroit, after giving a child antitoxin and "congratulating the mother upon the result of the new treatment," learned from her that a tube had been placed in the child's throat. "You didn't give us much encouragement," she said, "and after you left the house our doctor came in, and he said there was no chance for the child unless he were operated upon." The mother continued, "He advised us to have the child operated upon; we did so and now have the tube in his throat and he is going to get well."

When Dr. Clark had seen the "wonderful result," and before apprised of the true situation, he had thought to himself, "I will report this to the State Medical Society." Learning now, for the first time, the facts, he "would like to ask Dr. Jennings who is present to explain the result of that operation." (Laughter.) "If that child has recovered, I claim it is due to antitoxin; while if it has not recovered, it is because of the operation."[38]

Dr. Jennings with habitual suavity said he "had heard the history so delightfully related" for the first time, and admitted that "under the benign influence of the antitoxin the child recovered." He laid the cure "as much to the antitoxin in this case as to the intubation," but averred "the child was moribund when the operation was done."

Dr. William M. Edwards inquired about the dosage, of Dr. George Dock, who replied that his own "experience with the remedy has not been large enough to say."[38]

Present-day readers should remember that this veritably "benign" therapeusis is relatively recent. Let them fancy the disadvantages under which those of a mere generation ago labored in the treatment of this devastating malady.

Paul de Kruif writes in "Hunger Fighters" of Joseph Goldberger, "He was an excellent bacteriologist and well I remember him, back in 1914, eager, thin-faced and with slightly curling hair, talking diphtheria to the formidable F. G. Novy—Nestor of American microbe hunters."

In 1896 Dr. H. W. Longyear read a paper on "Puerperal Infections" before the American Association of Obstetricians and Gynecologists in which he reported "a case of puerperal diphtheritic infection, in which the diagnosis was made by bacteriologic examination, and the case successfully treated by diphtheria antitoxin serum." In the following year he reported six cases, four of Klebs-Loeffler and two of mixed Klebs-Loeffler and streptococcus.[38]

Opening the windows of the room as well as those of the soul is a function of the physician.

Dr. W. H. Sawyer writes (1897), "In diphtheria it is not an uncommon experience to have a reformation which must be regarded as a secondary infection rather than a continuation of the primary process.

"My attention was very forcibly called to this fact several years ago during the prevalence of an epidemic of malignant diphtheria. At the time I was treating two families of like station and condition of life, and, as near as I could determine from previous experience with them, of like resistance to disease. The cases were all severe from the outset, and the treatment did not vary materially.

"In one family I was unable to enforce my directions as to ventilation, while in the other my instructions were followed.

"In the first I never entered the sick room without feeling that the air was dead, vitiated, and heavy with the odor of the disease. Three of these patients died and the fourth made a tedious recovery.

"In the second instance my directions were carefully followed and we had the satisfaction of seeing all recover. The air was as pure in the sick room as out of doors, and on entering from without not the slightest odor of disease could be detected. I do not believe we should have escaped without a mortality under less favorable circumstances."

In discussion, Dr. Chase said, "I merely wish to emphasize a little bit what has already been said in the last paper, because I know it from my own experience and observation. When we were in camp in Baltimore, Maryland, in 1862, January and February, we had three hundred cases of measles in our regiment of about one thousand men. It soon became noticeable to us that in those cases of measles where the patients lay in the tent they got up with very much less pulmonary trouble than those who had a lot of money or influential friends and were taken and put in boarding houses in the city, and what they call comfortable and well cared for quarters. I learned my lesson there, that an abundance of fresh air is certainly a good thing in contagious diseases."[38]

Dr. F. G. Novy of Ann Arbor calls attention in 1898 to formaldehyde, which has been used "within the past few years" in disinfection for rooms —this to replace sulphur, concerning which "many doubts have been cast upon its efficacy."[38]

Dr. Heneage Gibbes said of this method, that he had been studying it "lately."

Although somewhat "modern" to be pertinent to this history the writer cannot, contrasting the then and now (1928) forbear reference to "the present toxin-antitoxin campaign," discussed in the *Bulletin of the Wayne County Medical Society*, December 4, 1928:

> "If the medical profession of Detroit really feels that much of the work now done in clinics should be done by the private physician it has, at this time, a very real opportunity to prove its contention. The present toxin-antitoxin drive presents that opportunity. It is necessary for the profession to realize that this is the inauguration of a series of steps by its own representatives to put much of the free clinic work back into the hands of the private physician, where it belongs. And it cannot be emphasized too

strongly that, contingent upon the success or failure of this experiment, the whole program will succeed or fail. The Board of Health has demonstrated its willingness to cooperate, and it is now up to the individual physician to do his share or forever hold his peace. Giving toxin-antitoxin and doing Schick tests, at reduced rates if necessary, may be a burden; filling out all of the necessary records and sending them in promptly to the Board of Health may be inconvenient and a nuisance, but unless all of these things are done willingly and conscientiously this campaign will be a failure and the opportunity now at our door may be gone for all time. Remember, no matter what the price may be to you as an individual, *this campaign must not fail.*

"There has been some misunderstanding in regard to certain features of the campaign. First of all, in regard to notifying the Board of Health of each dose of toxin-antitoxin and of each Schick test on the appropriate form which they furnish to the doctor: Send in the form card after each dose of toxin-antitoxin. Do not wait until all three doses have been given. These cards are to be sent in on all patients, including your private patients who are receiving their immunization in your regular routine care. Notification is *not* limited to those for whom the fee is paid by the Health Department. Secondly, the toxin-antitoxin furnished by the Board of Health is obtained from goats, and there is no danger of sensitizing the patients to horse serum by using this material. Patients can be assured that there is no reaction to diphtheria immunization. And, lastly, as to the technique: Three doses of 1 c.c. of toxin-antitoxin are given subcutaneously at intervals of a week. The Schick test is done six months later. The proper procedure is as follows: The skin of the forearm is cleaned with alcohol or ether. Using a small needle, the Schick material is injected *into* the skin, not under the skin. When properly done, a button is raised in the skin by the injection, the size of this button to be about one-half cm. in diameter. This should be red four days later. Those cases in which there is redness at the site of the injection four days after the injection should be called Schick positive. Those cases in which there is no redness, or in which the redness did not persist until the fourth day, should be called Schick negative.

"Unless you send in reports on all of your cases exactly as the Board of Health requires, figures for this campaign will not compare favorably with figures for previous campaigns conducted by the free clinics. If this campaign fails, the entire program outlined by your society will be doomed; the free clinic will have a new lease of life and its sponsors will have the figures to justify their existence. *Do your share to make this experiment a success."—A. J. H.*[5]

Follicular Pharyngitis

"From the date of these cases" (two reported 1880) until now (1889) Dr. William M. Ikeler of Three Rivers had over two hundred cases of follicular pharyngitis which "afforded such an array of symptoms and results that the study of them has been interesting and profitable."[38]

Dr. F. B. Tibbals of Detroit in "Quo Vadis" inveighs against "dentists pulling bushels of healthy teeth," and experts "enucleating scores of healthy tonsils."[26]

The elimination of many evils, he says, "will never be accomplished by speeches and paper resolutions, but by resolute and concerted action."

Typhoid

Dr. J. H. Kellogg of Battle Creek gave to the Calhoun County Medical Society "an account of a remarkable epidemic of typhoid and typho-malarial fever," the treatment of which "consisted almost wholly of anti-phlogistic remedies." There were wet sheet pack, cool compresses and fomentations to the bowels, and ice to the head and spine. "Other remedies" were employed, but the use of quinine after "so slight effect" was abandoned.

"The one patient who died was so frail before taking the disease that his friends had grave fears that he would live but a short time."

The advantages of the treatment employed are, so to speak, scarcely minimized.

Dr. Stiles Kennedy of St. Louis, Michigan, contributed to the *Detroit Lancet* in 1880 an historical article on "The Direct Abstraction of Heat as a Method in the Treatment of Typhoid Fever." He writes, "The *real cause* of typhoid fever is the specific typhoid poison, and this is derived from the typhoid fever patient, through some of the excrements."

Dr. Clark of Monroe, the most intimate friend of Dr. Kedzie's father, combined the functions of physician and minister. In the father's last hours "before noon the next day [July 30, 1828] Dr. Clark came, welcomed as though he was known to be a savior, and with a like sense of relief to our neighbors who were constant in their kind services."

"I have no positive and definite knowledge of Dr. Clark's method of medication," writes Dr. A. S. Kedzie. "Yet as father's disease was known to be a bilious fever, I suppose his course of treatment was the same our family and neighbors subsequently ill of the same disease underwent, the administration of physic or an emetic followed by heavy and persistent doses of Peruvian bark mixed with whisky. I never knew father to have been sick but once before in Delhi, when bloodletting was resorted to until he fainted. I was deeply impressed by witnessing the event at the time, and may now have the events of the two sicknesses confounded in my memory; nevertheless, I have the impression that when Dr. Clark came his first resort was to phlebotomy.

"Dr. Clark went out into the woods, returning two hours later with long pieces of basswood bark stripped from a sapling. He made no use of the bark, and, I presume he got it, finding in such work a temporary relief from the strain of overburdened anxiety."

And at the end—"After a brief and affecting prayer by Dr. Clark for those, the joy of whose life seemed to have fled with father's departing soul, Dr. Clark put us all in a stir. The dissolution of father's body did not wait for his last breath, and the doctor said that burial must follow as speedily as possible.

"The malignancy of the disease was shown in the fact that father's stalwart and robust manhood . . . required only a week's illness to bring it to speedy dissolution. As soon as daylight dawned the next morning the men who watched with the corpse, vainly seeking in existing conditions to arrest decay, built a bower of bushes in the front yard into which they moved the body. In the early forenoon when the coffin came (from Petersburg) . . . the men who lifted the body into it, held in their lips crushed leaves of tansy dipped in whisky to mitigate the odor."†

The funeral services were conducted by Dr. Clark. "At the grave Dr. Clark made a somewhat lengthy address during which, as if to show that no condition of life was exempt from incongruities, a 'yellow jacket' stung the ankle of Mrs. Richard Peters, causing an involuntary outcry, and for a brief time disturbing the solemnity of the occasion."[32]

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†It seems to the reviewer that mint would have answered the same purpose.

Dr. Jenks thought, "As a cause of typhoid fever, there is frequently a bad condition of the cellar under the house. Vegetables stored in cellars and allowed to decay, will obviously lead to the disease."

Question these words from a Detroit Academician if you please, but harken to those of Dr. Gilbert in the same discussion. "Another cause is the common use of one privy by several families."[10] (Proceedings of the Detroit Academy of Medicine, February 8, 1870.)

Sunstroke

Under the caption, "Sunstroke is Oldest Known Disease," the following report appeared in the *Journal of the Michigan State Medical Society* as news from Washington, under date of August 5, 1927.

> "It is time to keep on the safe and shady side of the street when the mercury begins to crawl up above ninety. Speech disturbances, hallucinations, and paralysis are some of the things a victim of sunstroke may wake up to, if he recovers at all, according to Drs. E. G. Wakefield and W. W. Hall of the U. S. Navy Medical Corps, who have recently completed a study of heat injuries. Even after these unpleasant manifestations have worn off and the patient has recovered he may remain hypersensitive to heat throughout his life.
>
> "Heat-stroke or sunstroke is one of the oldest known diseases, according to the best medical authorities. Two cases are unmistakably described in the Bible, one in the fourth book of Kings and the other in the apocryphal book of Judith. Until the middle of the nineteenth century the effects of heat injuries were confounded with apoplexy. From the time of the publication in 1858 of the experimental work by the great French biologist, Claude Bernard, on the effect of heat, however, the theory of the disease has been based on experimental observation.
>
> "Drs. Wakefield and Hall are engaged in research on this vital problem of hot weather, from which they hope to obtain results which will elucidate further just why people succumb to sunstroke.
>
> "The contention that people from cold countries are more susceptible than those from warmer regions is borne out by data obtained by the navy doctors from the number of heat injuries sustained by enlisted men in the fiscal years 1924 to 1926. In a report of their investigation to the American Medical Association they assert that 121 men from northern states were afflicted in this period while only 89 southerners were affected by the heat during the same time."

It is the recollection of the present compiler that the pioneers were singularly exempt from *coup de soleil,* and the conjecture is hazarded that they had so much to do they "kep de poahs open." Furthermore, the farmer "set it down in the shade of a tree," and resorted to it at intervals when circulatory disturbances threatened.

German Measles

A paper on "German Measles" by Dr. William Brodie excited a most animated discussion in the Wayne County Medical Society in 1881. Dr. Lyster found chief difficulty in differential diagnosis. Dr. Devendorf thought it somewhat remarkable that there are no reports of it "previous to last winter." Dr. Yemans asserted it to be a disease *per se.* Dr. Klein, possibly prejudiced in its favor by the name, said that it had occurred sporadically for many years, and Dr. Brodie that "false measles has long been a familiar term."

Dr. Mulheron, in characteristically helpful spirit, announced that he "had seen a meal of lobster salad followed by an eruption which was to all intents and purposes 'German measles' so-called."[31]

Dr. J. S. Caulkins of Thornville wrote on "Rötheln, or German Measles" in 1882.[9]

HYSTERIA

It may be a source of surprise to read that the pioneer's wife had time for hysteria. "We had," writes James H. Lawrence, "a man and his wife by the name of Bacon. The wife was subject to fits of hypochondria, and whenever such a fit would take her the husband would have to leave his work and go four or five miles for a doctor, no matter how hurried his work or what the weather might be. He would generally find her all right when he got back, and after he had tried the thing three or four times he began to object and remonstrate, and tried to reason with her and told her plainly he didn't believe there was any need of it; that she might prevent them; she listened to such talk for awhile and then broke out with, 'Elmer Bacon 'tain't no use talkin' I *can* have fits and I *will* have them.' "[32]

And officers were not immune from psychic disturbances. "Poor Lieutenant MacDonald has been troubled with a melancholy disorder for some time past; it proceeded from a Love affair with one of our young Ladys; the doctor thinks he would get better of it if he left this place and if he continued here it would still be the worse for him."[32]

"Hystero-epilepsy" is the title of an article by Dr. George F. Hunter of Holly in the *Detroit Lancet* in 1880.

POISON OAK

If "Grindelia Robusta" and its variety "Grindelia hirsutula" is a specific and infallible remedy for poison oak as claimed in an article copied from *Pacific Medical and Surgical Journal,*[10] some of the sufferers on the Sunkist Coast are deserving of the information. It might "be tried once" at least.

TRICHINA SPIRALIS, TRICHINIASIS, TAPEWORM, BOTULINA

An early mention of trichina is contained in an excellent article by Dr. Herman Kiefer of Detroit in *Detroit Review of Medicine and Pharmacy,* Volume I, 1866, Page 101.

He gives the method of diagnosis in a suspected case, the use of "the trichina harpoon, a kind of trocar with a barbed needle inside. The trocar is thrust into a muscle and when the needle is withdrawn a few fibres of the muscle will adhere to the barbs and among them may generally be found ocular demonstration of the presence of the trichina."

Recommendations are contained in the article for destruction of the organisms by subjection of contaminated pork to a temperature of 160 degrees F., inspection at packing establishments, and properly salting and smoking the meat for a period of at least ten days. They will never be found alive in old hams, for instance. On the other hand, "mere pickling appears to have very little effect upon these worms."[10]

"But bad as this sort of tainted food is, it is nothing in comparison to the sausage poison, which is produced by a sort of modified putrification to which the large sausages of Germany and especially those of Wurtemburg are occasionally subject."[10] ("Digestibilities of Food.")

The author of the article quoted, Dr. Letheby, after mentioning the symptoms, nausea, vomiting, diarrhea, pulse irregularity, frequent fainting and in fatal cases convulsions. writes that "the precise cause of these effects is still a mystery. . . . M. Vanden Corput, who is one of the most recent investigators of the subject, attributes the morbific action of such meat to the presence of a minute fungus, of the nature of a sarcina which he calls *sarcina botulina*."[10]

How many of us knew that Br'er B. was of such ancient lineage, possessed such survival values, and was so "efficient" as his canned fruit conduct not long ago demonstrated?

Of Westphalia hams "it would be safe to say that the 'mouthful,' if swallowed in the condition in which we [*British Medical Journal*] received it, would give rise to the formation of more than thirty tapeworms in the intestinal canal of the person who ate it."[10]

How about *casus belli* (or belly)? Less than this animadversion provoked the Franco-Prussian War the following year. A British-German opportunity seems to have been missed.

The autopsy of a patient who died many years ago at the Eastern Michigan Asylum is of interest in this connection. It revealed the muscular apparatus everywhere studded with trichina cysts. (C. B. B.)

"But the declarations of American jingoists that there is no trichinous pork in this country is not in harmony with the facts as they present themselves. Fatal cases of unmistakable trichinosis have, within the past few weeks [1884], occurred in this state."[29]

In an article on "Trichinosis" Dr. D. C. Hawxhurst of Battle Creek points out that "in some cases epidemics of trichinosis were mistaken for cholera and were treated for it; in other cases the disease was supposed to be typhoid fever. One author goes so far as to remark that trichinosis has been treated oftener as one of these diseases than as trichina. Every year the number of such mistakes decreases and there is at the present day no excuse for mistaking this serious disease for any other."[9]

He was evidently familiar with the use of the microscope and preparation of specimens for examination as this thoughtful paper reveals. It was written at a period (1878) when this valuable diagnostic aid was by no means frequently employed by physicians.

Tularemia—Undulant Fever

Two cases of tularemia recognized in 1913 by Vail as a disease transmissible to man, and declared in 1921 "to be fairly common among market men who dressed rabbits" were reported by Compère and McMillin in the *Journal of the Michigan State Medical Society*, Volume XXVI, 1927. The rabbit population of Michigan is absolved in the article from guilt in disseminating this disease, it being "shown" that the infected animals came from Missouri. The article is of much interest.

Walter M. Simpson, M.S., M.D., of Dayton, Ohio, has contributed a learned and exhaustive article on this subject. It was read in part before the American College of Physicians and in a section of the Academy of Science, Ann Arbor. It is printed in full in *Annals of Internal Medicine,* for June, 1928, and was dedicated very charmingly to the author's former teachers in the University of Michigan.

"Many persons have been kind enough," he states, "to imply that this investigation of tularemia has been a worth-while contribution to medical research. If such is the case, I would deem it a privilege to offer it as a tribute to three great teachers of medicine, whose inspiring influence has prepared the soil for many fruitful endeavors in scientific medicine, Aldred Scott Warthin, G. Carl Huber and Frederick G. Novy."

Dr. Simpson was a teaching assistant in the department of anatomy with Dr. Huber for two years, and for five years an instructor in pathology with Dr. Warthin. His work on tularemia received first award, a gold medal, at the 1928 meeting of the American Medical Association, Minneapolis.

"Dr. Alfred [*sic*] Scott Warthin, born in Indiana, his mother of Pennsylvania German family, translated Ziebler's 'General Pathology.' "

His first name is Aldred.

The following are extracts from "College News Notes," published in the *Annals of Internal Medicine*:

> "DR. A. S. WARTHIN HONORED BY PUBLICATION OF VOLUME OF CONTRIBUTIONS BY COLLEAGUES AND FORMER STUDENTS
>
> "In recognition of his thirty-five years as an outstanding teacher in the Medical School, and his international reputation as a pathologist, Dr. Aldred S. Warthin has been the recipient of an unique honor from his colleagues and former students, in the form of a volume entitled 'Contributions to Medical Science.' This book of 715 pages includes contributions from sixty-four authors, representing not only five of his early colleagues, Vaughan, Dock, Novy, Huber, and Rous, but also from one or more representatives from each of the thirty-five successive classes, who in the words of the editors, 'has been proud to acknowledge Dr. Warthin as the greatest living teacher of pathology.'
>
> "It was about eighteen months ago that a group of the medical alumni of the University got together and planned this volume in honor of Dr. Warthin's sixtieth birthday, October 21, 1927, and of the completion of his thirty-fifth year of teaching. The volume just published marks the completion of their labors. In one respect it is unique in *Festschriften* of this character because of unbroken sequence of papers coming from members from each of the thirty-five classes that have sat under Dr. Warthin."

The formal presentation of the volume was made December 13, 1927, the opening address being given by Dean Hugh Cabot of the medical school. He was followed by Dr. Frederick Novy, '87, a colleague of Dr. Warthin from the first. He said in part:

> "The Committee in charge has delegated to me the privilege and honor of acting in their behalf on this rare occasion. I appreciate this privilege the more so since it has been my good fortune to have known Dr. Warthin from the time he was a freshman on this campus.
>
> "Dr. Warthin came to Michigan from Indiana University where he had been under the inspiring influence of two enthusiastic and great scientists, Dr. David Starr Jordan,

who later became president of Leland Stanford University, and the late Professor Eigenman. It was at Michigan that he obtained an A.M. in 1890, and his Ph.D. in 1893. It was here likewise that he obtained his medical degree in 1891.

"His service in the University began in 1891 when the chair in medicine had been newly filled by the appointment of Dr. George Dock, who with his unusual training in internal medicine and pathology and because of his rare diagnostic ability was destined to become one of the great teachers of medicine. Under him, Dr. Warthin served first as assistant, then as demonstrator of internal medicine. The stimulus that he then received is seen in the fact that while with him he spent three consecutive summers, 1893 to 1895, abroad in the study of medicine and pathology.

"In 1895 when the chair of pathology was vacated, Dr. Warthin was appointed instructor in pathology and served as such until 1899, when he became assistant professor. He was made junior professor in 1902 and finally, in 1903, professor and director of the pathological laboratory, which position he has held ever since.

"During all these years, notwithstanding the strain of teaching and of routine, Dr. Warthin followed his natural bent as an investigator and observer. It is impossible to mention here all of his publications. Suffice it to say that his studies on hemolymph glands, blood-forming organs, anemias, tuberculosis, syphilis, neoplasms, not overlooking his contributions to medical history, have won him his place in the front rank of American pathologists."[2]

Dr. Gottlieb Carl Huber was born in East India, where his parents, the Rev. John Huber and his wife, who was a Barbara Weber, were missionaries. He graduated at Michigan University in 1887, studied in Berlin in 1891 and 1892, and in 1895 at Prague.[14]

Dr. Huber wrote exhaustively of "Nerve Suturing and Nerve Implantation" from the viewpoint of histology, moved by the inquiry of Dr. Mann in 1894 as to whom the duties pertain "to find out truth by observation and experiment, to encourage research, to stimulate investigations in unexplored regions."[38]

That he is competent in the field of research no one familiar with his work at the University will question. Generation after generation of students have received instruction in histology and allied subjects from this learned, thoughtful, and withal, modest man.

Dr. Victor C. Vaughan in "A Doctor's Memories"[1] mentions Drs. Novy and Huber among his "discoveries."

"Dr. Edgar C. VanSyckle of 5963 Stanton Avenue, Detroit, Michigan, died at Providence Hospital on May 12, 1928, of double lobar pneumonia. The doctor's death came at the end of a very active life after only four days' illness. Many of us will remember Dr. VanSyckle as a quiet, yet very congenial man, who readily made friends with whomsoever he came in contact. Only a short time ago the doctor presented a well written report on 'Tularemia' before a meeting of the Wayne County Medical Society, the first case reported in Detroit. The doctor had been in general practice in Detroit for the past twenty-two years and his offices were at 6505 Grand River Avenue.

"Dr. VanSyckle was born in Dexter, Ontario, sixty-three years ago. He graduated from Detroit College of Medicine and Surgery in 1906. He was a member of the Wayne County Medical Society, the Michigan State Medical Society, the American Medical Association, and also of the Medical Staff of Providence Hospital. He was a member of the Ionic Lodge, No. 474, F. & A. M., also of the Northwestern Kiwanis Club, and an elder of the Scovell

Memorial Presbyterian Church. The doctor's chief hobby was amateur gardening and at Kingsville, Ontario, where he maintained a summer home, he was considered an authority on gladiolus culture."[5]

In reporting "A Case of Tularemia, with Unusual Aspects in Differential Diagnosis," *Journal of the Michigan State Medical Society,* December, 1928, Glenn L. Coan, M.D., of Wyandotte, says, "This case of tularemia is presented because of the scarcity of reported cases in Michigan, and because of certain peculiarly interesting features in differential diagnosis. It is thought that this disease is often missed because of its clinical resemblance to typhoid fever, malaria and certain types of influenza. I have been informed that infected rabbits have been found in Michigan this year, so it would not be surprising to see an increase in human cases in this state in the near future. No description of the disease need be given here, because the entire subject has been brought up to date in an admirable paper by Francis in the *Journal of the American Medical Association* of October 20, 1928."

Follows the interesting case report.

And the *Bulletin of the Wayne County Medical Society,* December 18, 1928, has to say, in comparing the two diseases, "While the disease is not often fatal, it is highly infectious and almost all the men and women who have been studying it have acquired it, in spite of every precaution. In this respect undulant fever is like tularemia, another comparatively new disease. These two are causing grave concern in public health circles because of their rapid and widespread during the last few years. Tularemia besides being very infectious also results in death in many cases."

Butchers must wear rubber gloves and Papa would do well to select something besides a rabbit-skin for swaddling Baby Bunting.

Milk Sickness

"The cause of the disease ['Milk Sickness or Trembles'] Dr. Johnson considers to be a mushroom which is sometimes used for killing flies."[10]

A bas the fly-swatter, and (to be quite impartial in the use of foreign expressions), *hoch* the amanita.

And while we are on the subject—"A Pittsburgh restaurant keeper devised a new method of getting rid of flies. He closed the doors and windows of his place and then laid a train of very fine gunpowder in narrow strips over the floor, painting the spaces between these with strips of molasses. In a very short time all the flies in the room were indulging in the repast so temptingly set before them. At the height of their festivity the train was fired, and the result was two pounds and three ounces of lifeless insects."[31]

Glanders

"A Case of Acute Glanders" was reported in the *Detroit Lancet* (1879-1880) by Dr. Samuel P. Duffield of Dearborn. It occurred, evidently, in Wayne County. The description ghastly; high temperature, delirium, edema of the glottis, gangrenous spots upon the forehead, ulcers in the septum and on the velum palati and pharynx, pustules on the eyelids, bullæ on the arms, etc., etc., death on the fifteenth day. The observation, "I know of no more horrible death for a human being to die than this," seems abundantly justified.

DIABETES

In discussing the report of a case of diabetes by Dr. Jennings before the Detroit Medical and Library Association, February 18, 1884, Dr. Shurly said "one form of the disease was from brain trouble . . . Another form was simply dietetic and still another malarial. We ought to regard the appearance of sugar as simply symptomatic. He would treat a case with perfect rest to the nervous system," etc., etc., which "treatment would be more rational than bran mashes."[29]

DENGUE

Dr. George P. Andrews gave to the Detroit Academy of Medicine in 1880, an account of dengue fever, the first appearance of which in the United States was in the years 1827 and 1828.[9]

TETANIE

"Tetanie," a disease observed by Dance in 1836 in children, and "called by him tetanus intermittent," was reported by Dr. Herman P. V. Petershausen of Detroit in 1879.[9]

TETANUS

The discovery of micrococci and bacilli of tetanus was made, according to Professor Victor C. Vaughan, five years before a paper on the subject was presented by him to the Michigan State Medical Society in 1889.[38]

DIVERS DISEASES

Would that it were practicable to devote the necessary space to the reproduction *in extenso* of Dr. J. S. Caulkins' "Medicine as an Art."[9] It is elaborate, thoughtful, impeccable in diction, and withal carrying a flavor of humor. "Here is a list of diseases—not a long one," he writes, "for which we have reasonably certain methods of cure: ague, syphilis, bronchocele, itch." Set over against these, "for which we have no methods that can cure," are "fevers" (specified) 11, "neuroses" 5, "miscellaneous" 11.

Ague and itch may still stand, but shifting of some of the other items among, so-to-speak, classes A, B and C, will occur to the present-day reader. Among these are "bronchocele," "spyhilis," "diphtheria," "tetanus," "diabetes," "peritonitis," "ovarian and other dropsies." Fortunately there is no longer contention with "yellow fever" and "cholera." As to "cholera infantum," the writer was solicited recently to prescribe for "chlafanty" and turned the matter over to a pediatrist.

Writes Dr. Caulkins, "To questions like these, there is but one answer, and that is that science concerns itself not with policy. Its interests and the interests of the world are the interests of truth. It is never its interest to conserve delusions and mistakes, but, on the contrary hand, to remove every veil that hides the truth and let venerable error die."

"Nathless" (Dr. Cleland's word, *See* "Journalism") Truth still seeks the seclusion which the deep well grants.

Barber's Itch

A lot of members knew something about "Barber's Itch" but none admitted familiarity with it in his own person. Discussion was quite general of Dr. A. E. Carrier's paper on "Contagious Cutaneous Diseases."[38]

Michigan Rash

Any school boy in the sixties whose mother was of an investigating turn of mind, and whose research with a fine-tooth comb and inspection of hands were equally meticulous, will, as regards the latter, concur with Mr. Van Buren in the statement that "Michigan rash was an enemy of the settlers. They referred euphemistically to this cutaneous disease as a 'breaking out' an 'impurity of the blood' a 'rash,' and so on while perhaps the person giving it these mild names was really putting into practice the old peculiar manner of scratching that used to belong to something worse than the 'rash.' A sophisticated New Yorker on a visit to a pioneer's family being told that they call it the 'Michigan rash' out here, with diagnostic acumen and therapeutic insight suggested that 'brimstone and lard would cure it.' It was 'no respecter of persons, party, sex or creed, and affected whole neighborhoods simultaneously. Small scholars would dig it out on the spot while the larger ones would grin and bear it until some convenient opportunity occurred. Young men and young ladies when in company, like whist players, avoided 'showing their hands.' "[32]

The inquiry of Dr. M. R. Morden of Adrian as to the "Prevalence of Scabies"[29] got a rise from many quarters, Ohio (2), Indiana, Iowa, Minnesota (2), Nebraska, Wisconsin, Missouri, and Michigan. The Middle West seems to have been in a "parlous" case in 1885.

Ingrowing Toe-Nail

Dr. George P. Andrews, professor of practice of medicine in Detroit Medical College, had gratifying success in the treatment of ingrowing toe-nail.

He had yet to meet a case "of this very painful affection which has failed to result in a complete cure under the above described treatment."[9]

This is given succinctly in the *Detroit Lancet.*

In the previous year (1876-1877) a professor known to the irreverent as "Little Pill" of the University was not apparently altogether satisfied with his results. "Hepar sulphur" was, if the writer correctly recalls, his principal reliance, but "if your patient cannot afford to pay for your *daily visits,*" the introduction of silver foil under the offending nail he had found of service.

Mal de Raquette

It is written of Alexander Henry, the famous adventurer and explorer whose name appears here and there in this history, that "on this trip he suffered from the snowshoe evil which the French Canadians call "mal de raquette." Henry says "the remedy prescribed in the country is that of laying a piece of lighted torch wood on the tendons of the leg, and leaving it there until the flesh is burnt to the nerve."

A Strange Contagious Disease Among the Indians

Particulars of this are given by Mr. F. R. Stebbins in "An Old-Time Trip" to the northern part of the state in 1851.

An Indian dance was in progress—"First is seen the motion of the elevated staff adorned with large eagle feathers, borne by an ancient warrior; next an old torn American flag; and soon with steady tread to the measured beatings of the Indian drum the whole band comes in view. Now came a new sensation. The ladies had not been informed of the peculiar features of the elaborate ball dress of the Indians, and no sooner had the much-painted warriors come in sight than the longest-sighted lady shading her eyes with her hand for a moment to get a better view of the details was suddenly taken ill, and hastily pushing our rear ranks of gentlemen asunder she fled into the house. Nearer came the Indians and another lady was attacked with the same disorder and escaped inside. Thump, thump, louder sounded the tom-tom, nearer and nearer came the Indians, when another lady was attacked with the strange contagious disease, and then another and another quickly followed by a stampede of every lady on the platform for which was made an open rank movement, and we, the men, were left alone on the platform to admire Indian warriors' toilets. Now the motley band halted before us, the tom-tom ceased and the naked loveliness of these forest dancers appeared even to the most short-sighted beholder. Notwithstanding our great interest in the display we could not help being anxious about our ladies in the house whose sudden illness was depriving them of an equal share in the entertainment. Our great regrets were uncalled for; and if we had in those earlier years of life known what riper experience has taught us, that the ladies, although timid at the start, on any great and unusual display of strange forces will always find a way to overcome the timidity, and push again to the front, and be the last to leave the conflict, our anxiety for these would have been less. And so it was on this occasion." The writer continues—"What was my astonishment to see (casting the eyes backward) six distinct female faces instantly dodge back from six window panes."[32] Eventually the frightened flappers all recovered, advanced to get a better view, and expressed regret that the "battle of the breech-cloths" did not last longer.

Many septuagenarians will sympathize with the sufferings of a female carried on board the vessel which conveyed these early tourists, from a neighboring ship sinking in consequence of a sudden collision. "Oh dear," she exclaimed, "My trunks are all lost and my two new silk dresses in them, and I have been way down to Massachusetts to get them; but I don't care if I can get my new teeth. I left two new sets in my stateroom and I *must* have *them*."

It will be observed that the painful experiences above narrated occurred in '51—a near neighbor chronologically to the "Fabulous Forties."

The Fish Tape-Worm

Dr. Warthin "predicted as early as 1897 that the fish tape-worm would surely become endemic in Michigan. Everything was laid for this event, so important to the coming generations living in this State."[25]

Naturally, and quite in keeping with the usual response to warnings, "the prediction passed unnoticed." This is a fixed and ineradicable habit on the part of predictions, and since Biblical times the "voice crying in the wilderness" has been wasteful of perfectly good vocal cord vibration. In recent years sensitive spirits have been saved the impingement of disturbing impressions upon the auditory apparatus by the radio "barker," whose outgivings, if not convincing and for the most part unintelligible, are at least invariably optimistic. To be sure the "barker" will often be found in competition with police patrol and ambulance sirens, but these noises are of "protective" character, and may be ignored by those of "all's well with the world" conviction.

Jumbo white-fish would do well to cast a canny look around before lunching, if they intend to make appeal to Finnish consumers who like 'em raw. Fortunately, planking is a fashion in country clubs and high class restaurants and their reputation therein is not menaced.

Infestation of the parasite was formerly regarded as one of the somewhat mixed blessings which this country owes to foreign contacts. In 1911, however, a first case of undoubted Michigan origin was discovered, and a record of it appeared in the Michigan Public Health Reports for the following year.

There is an implied warning in Dr. Warthin's article to Jews in the southern part of the state, "particularly Detroit," who "preferred uncooked fish" of "severe anemia, usually secondary anemia, but in a few cases strongly suggesting a pernicious anemia."

Goiter

An apparently highly important contribution to goiter prophylaxis has resulted from a survey of school population in Michigan in progress by the State Board of Health in coöperation with the State Medical Society since 1924. "In Michigan goiter is endemic in every county. Because the State Department of Health was prepared and willing to study the problem we have more detailed information here than in any other state." After data were secured indicating the relation of iodine deficiency to goiter, the Salt Manufacturers' Association and the Wholesale Grocers Association lent effective aid through the manufacture and urgent promotion of the use of iodized salt—one part potassium iodide to 5,000 parts salt—for cooking and table purposes.[25]

One instance, and there are several strikingly suggestive reported, is that of Midland County, where in January, 1924, the incidence of goiter among 3,645 school children examined was 41.6 per cent. In 1928 a re-survey of the city of Midland alone was made. In 91 per cent of public school children's homes iodized salt had been continuously used for the previous four years; 984 children were examined and 88 enlarged thyroids were found, an incidence of but 8.8 per cent.

"Whereas, The Pediatric Section of the State Medical Society feel keenly the loss of Dr. Frederick J. Larned of Grand Rapids, their former chairman and a valuable and untiring member of the original iodine salt committee; and

"Whereas, His personality and influence will be missed by all members of this section; be it therefore

"Resolved, That our heartfelt sympathy be extended to his family and that these resolutions be spread upon our minutes and a copy will be sent to the bereaved family and also published in the State Journal."[26]

The following excerpts are from an article by Edith L. Weart, published in *American Mercury* and reprinted in the *Bulletin of the Wayne County Medical Society* in December, 1929, on "The Prevention of Goiter":

> "It was not until 1916 that Dr. Marine's work bore any fruit. In that year he and his associate, Dr. O. P. Kimball, gained the consent of the Board of Education of Akron, Ohio, to put small quantities of sodium iodide into the drinking water used by the girls in the public schools. Girls were chosen because more girls than boys have goiter, which is especially likely to develop at puberty. Although not all the parents consented to the experiment, sufficient girls took the iodine to make a satisfactory comparison with those who did not. A preliminary survey showed that 56 per cent of the 3,872 examined had goiter.
>
> "All of those who took the treatment were given three grains of sodium iodide daily in their drinking water for two weeks, spring and fall. The work was started in April, 1917. The following November a re-survey was made of 1,080 girls who had taken the iodine. About two-thirds of them had made a marked improvement. . . .
>
> "Together with the discovery that small quantities of iodine would prevent and cure goiter, other investigators had learned that a natural insufficiency of iodine in the food and water of the goiter regions was what caused the disease there. . . .
>
> "Probably no state has attacked the problem of endemic goiter with more determination and enthusiasm than Michigan. It had long been known that goiter was very prevalent in the state, but its extent was not realized until the reports from the draft were made known. From them it was learned that in some instances 30 per cent of the men were incapacitated for active service because of toxic goiters.
>
> "Initial surveys were made to determine the extent of the disease in the state. Along with them, analyses of the drinking water were made. The relation of goiter to a lack of iodine in the water was strikingly demonstrated.
>
> "The state first considered carrying out preventive measures by the use of the chocolate iodine tablets, but this method was discarded as too expensive. It was also open to the objection that it did not reach all the people. It did not, for instance, reach the very young children, nor those in the rural districts. Nor did it reach most pregnant mothers, and this was important, for goiter is especially likely to develop during pregnancy and a goitrous mother is almost certain to have a goitrous child.
>
> "Looking around for a more effective way of providing iodine the authorities hit upon the idea of incorporating it in table salt. This gave a stable mixture which was cheap, and salt was a substance used by everybody. It was decided that one part of iodine to five thousand of salt would be sufficient to supply all the needs of the body.

This is approximately the amount that a person living in a goiter-free region gets in his normal diet. The State Department of Health enlisted the aid of the salt manufacturers, and iodized salt was put on the market in May, 1924. The Department of Health then stopped all other methods of prophylaxis and urged the use of iodized salt.

"The results of its use for four years in Michigan have been recently reported by Dr. Kimball, under whose supervision the goiter surveys in the state were carried out. They seem to be better than any of the authorities in charge dared hope. . . ."

Dr. William Fuller of Grand Rapids successfully removed the right lobe of the thyroid gland in 1878, finding the operation "not as easy as [he] anticipated from its mobility." A "rise in temperature means defective drainage," he writes. He also reports a case of Graves' disease in which much benefit was obtained by the injection of tincture of iodine into the substance of the gland.[9]

MYXEDEMA

Dr. J. A. Wessinger of Ann Arbor wrote on "Myxedema" and his paper in 1894, before the State Medical Society, was accompanied by photographic illustrations. Dr. Dock said such cases in Michigan were not uncommon, and "very rarely reported."[38]

LYMPHATIC LEUKEMIA

"Dr. Robert Hanson De Coux, Grand Rapids, Michigan; Michigan College of Medicine and Surgery, 1897; member of the Michigan State Medical Society; died, October 24, of lymphatic leukemia, aged 58 years."[25]

SEPTIC INFECTIONS

"A whiskered doctor stubbornly tries to find
The causes of child-bed fever, and doing so
Will save more lives than all these war-months have spent
And never inhabit a railway station tomb."—(*John Brown's Body*—Benet.)

The following is an excerpt from the presidential address of Dr. H. E. Randall, 1928, State Medical Society:

"The miracles of the Bible times are the commonplace facts of today. 'The eyes of the blind are opened,' 'The halt and the lame walk,' 'The withered hand is healed,' 'The palsied take up their bed and walk,' and modern civilization would be impossible without the aid of modern medicine.

"Modern rapid transportation would in a few days spread the great epidemics from one end of the world to the other. In fact, civilization can be measured by the statistics of public health and the vitality of its people. Millions of children annually are saved from death. The crippled and handicapped boy and girl are relieved of deformities to make them self-sustaining and self-respecting. The surgeon annually saves thousands of fathers and mothers, and the family ties remain unbroken. Thousands of mothers are saved as they go through the valley to perpetuate the race. Puerperal sepsis is now practically unknown, whereas hospitals formerly had to close when the maternal death rate mounted beyond 50 per cent.

"Asepsis, and anti-septic surgery save annually more lives than were lost in the Great War. We no longer hear the expression, 'a bold surgeon,' because all over the world surgeons are operating not only on the extremities, but in the abdomen, chest, brain, and spinal cords. Pasteur and Lister were the greatest benefactors of the human race that ever lived, and made possible the relief of suffering and the prolonging of the human life.

"Health, public health, individual health and satisfaction are the cornerstones of a successful and fortunate civilization,' says Nicholas Murray Butler. 'Without these everything is imperfect or impossible. With them everything is possible. The family is more thoroughly protected today from physical ills than ever before. The span of human life has been increased about six years in the past fifteen years. The medical profession says it is not enough that such be treated skillfully, the well must be urged to preserve their own health.' "

Dr. H. O. Hitchcock said, discussing in 1888 a paper by Dr. Charles H. Baker of Bay City on "Puerperal Septicemia," that in St. Joseph County, where a form of erysipelas was prevailing, there had been eight cases of death of women following confinement. He had advised a practitioner to let a woman, preceding confinement, herself use sterilized boiled water, in an antiseptic syringe, to keep his hands off her, "and then trust to nature or some other doctor."[38]

Dr. Charles Douglas of Detroit doubted whether "there is a physician present in this room who has been in practice for 10 years," who has not "time and again with perfect safety," acted as accoucheur while in attendance upon a case of erysipelas. Dr. Whelan of Hillsdale, while "not prepared to accept all this germ theory, believed there is safety in cleanliness, and "great safety in cautiousness."

Dr. Carstens could not agree, and did not think it safe to attend women in labor and "cases of erysipelas, scarlet fever and everything else." He made a strong plea. "These germs do not smell. There is no odor about them, and my hands may be full of germs, which I cannot detect." He mentioned bichloride or biniodide of mercury as germicides, and made the point "that you should not be careless because you are lucky."

Dr. Douglas denied the intention of shaking a red flag at Dr. Carstens, and said he had had the pleasure "of listening to some very trite, and some very timely remarks by him." He also used disinfectants upon his hands, but not upon the patient.

Dr. Baker said, "One physician came very nearly being sued for malpractice, because of attending a scarlet fever case and shortly after that having a patient die of puerperal septicemia," and that there followed in the track of a midwife the same condition, "like an avenging devil."

Dr. L. G. North of Tecumseh disapproved of the accoucheur sitting by the bedside with knees pressed against those of the patient. If, "she inhales your breath"—he didn't call it "halitosis"—"you are liable to convey the poison."

And Dr. J. E. Clark questioned the purity of water, and recommended washing hands with alcohol.[38]

Dr. William C. Stevens of Detroit knew of men and women in his own city "carrying the contagion of puerperal fever," whose "steps are followed 'with the keenness of a beagle' through the streets." This was in 1889.[38]

His paper on "Puerperal Fever, Its Etiology and Prevention" is long and learned. Dr. E. P. Christian endorsed everything he said in regard to cleanliness, but stated "in general practice it will be found utterly impracticable to carry out prophylactic antisepsis for want of the opportunity." He gave, however, detail of causes of deaths—but sixteen in number—among his last thousand obstetric cases. Five of these were seen in consultation and of the whole there were not more than three from septic fevers.

Dr. E. G. Minar objected to frequent antiseptic injections during labor. Dr. Carstens insisted upon clean hands, and Dr. Martin quoted reduction in mortality in lying-in hospitals in Vienna from 9 to 0.5 per cent.

As long ago as 1889 Dr. F. J. Groner of Big Rapids had "always had to resort to the knife" in the treatment of empyema, and Dr. A. F. Whelan regarded "free incision and removal of all necrosed ribs as the best treatment.[38] ("The Surgical Management of Empyema"—D. H. Wood, Quincy.)

The rapidity of advance in surgical technic is well illustrated in a paper on "Compound Fractures" by W. T. Dodge of Big Rapids, in 1896. Regarding the patients reported "in cases 5 and 6, who today have good legs, I should certainly have amputated as recently as two years ago, without a thought that there was the slightest probability of saving the limbs."[38]

In the same connection, Dr. DeCamp of Grand Rapids apologizes for sins of omission. "It is about fifty years since I commenced to practice medicine. That is more than anyone else can say in this room probably. I will say that it has been negligence, at least I feel now ashamed to think that I never put before the public more of my experience. The very experience that Dr. Maclean spoke of, the very experience that Dr. Dodge had, I might have given them that lesson over twenty-five years ago, and I have practiced it ever since. I did not put it before the public and now they come and take the glory of it, and I am ready to go off the stage without any."[38]

And Dr. William Fuller speaks of a "reaction" in favor of conservative surgery, "a return to which would be an advance in the science, and an improvement in the art."[38]

There you are, young folks in medicine. "Let your light so shine," etc., etc.

Dr. James G. Van Zwaluenberg contributed to the January number (1918) of the *Journal of the Michigan State Medical Society* a "Review of a Month's Radiograms" from the clinic of the University Hospital, Ann Arbor. There were thirty-two cases of general interest, among them one of multiple dactylitis, and the question had arisen whether the condition was tuberculous or syphilitic. Dr. Joseph A. Elliott was of opinion that it was of syphilitic origin. Dr. C. G. Darling had seen two or three in young children which he regarded tuberculous, and Dr. Van Zwaluenberg was moved in closing discussion "in all humility" to differ with Osler who recommended to radiographers the "salutary lessons of the dead-house to correct their visionary interpretations of shadows." He [Dr. Zwaluenberg] could see "no certain way in which the dead-house is going to solve our problems." He finds, however, that the time is past "when the radiographer can look to his plates for empirical signs which shall tell him all he cares to know, or can by *a priori* reasoning reach a satisfactory explanation of the things he sees."

The relatively prompt improvement in surgical methods consequent upon recognition of pus germs in their baneful relation to wounds is well indicated in a paper (1896) by Dr. Van Zwaluenberg, then of Kalamazoo. He writes, "Any wound which is known to be free from germs may be sealed up, though where considerable oozing is to be expected, it is best to provide for conveying this away by drainage into the dressings."[38]

Excerpts from the discussion of a paper (1889) by Dr. F. J. Groner of Big Rapids on "Abscess," give the following opinions:

Dr. S. C. Graves: "If pus is always due to microbic life, iodoform is useless; if to ptomaines, it may be useful by destroying their production."

Dr. L. Connor: "I am frank in saying that I do not understand why there is such a thing as a boil at all."

Dr. G. E. Frothingham: "I have not changed my views since two years ago. What I asserted then was that pus would develop without the introduction of germs."[38]

In the discussion of a paper (1888) by Dr. J. L. Elliott of Bay City, Dr. J. A. Wessinger, then of Howell, recommended salol. Dr. McGraw did not "wish to throw cold water on the value of any therapeutical agent," and Dr. Longyear entirely coincided in his view that "erysipelas does not kill." Dr. Groner of Big Rapids had seen a great many cases and "tried all kinds of treatment, but patients would get well without any." "Any particular drug might be prescribed," said Dr. McGraw, "it will rarely if ever fail."

Everybody was apparently satisfied with these opinions—Dr. Elliott as well, who "failed to notice anything in opposition to [his] views."[38]

Diseases of the Nervous System

BRAIN TUMOR, "SOFTENING," ABSCESS, PARESIS

"She had pain in her head still—and especially in the back part of it in the occiput. The doctor [Pitcher—assistant surgeon at Sault Ste. Marie Post] suggested that possibly the case might be interesting to craniologists who contend that the optic nerves have their origin in that region of the brain, whilst others contend they do not extend beyond the *thalami nervorum*."

The foregoing case was apparently one of cerebral tumor and was encountered by McKenney in 1826 and reported in his book, "Tour of the Lakes." McKenney was chief of the Bureau of Indian Affiairs, with headquarters at Chicago.

Dr. J. G. Johnson of Detroit performed a distinct professional service in urging abandonment of the sometime popular "Softening of the Brain" diagnosis. He writes:

"Now in the interest of medical experts, I would beg of you, in your diagnoses, to rid yourselves of the name softening of the brain, remembering that you may be called upon to testify in any given case as to the condition of the brain on postmorten, and to produce evidence of the softening which was presumed to exist.

"Now, degeneration of mental and physical power may be due to paresis, to chronic alcoholism, to chronic cerebro-syphilis, to chronic cerebro-meningitis, to degeneration of the walls of the blood vessels, to poisoning by lead, opium or other drugs, or it may be due to premature old age—itself the result of dissipation—excessive worry, exhausting diseases, discharges, and the like.

"In a case of progressive debility, mental and physical, where the symptoms are not sufficiently pronounced to render probable that which will be found on postmortem, a diagnosis of progressive dementia or paralytic dementia, would have the advantage of not indicating the nature of the pathological change which may exist, but may not be demonstrated."[29]

In the annual address on surgery by Dr. William Fuller in 1898, striking examples are given of the bearing of the knowledge of anatomy in its relation to surgery and medicine.

"If we make a comparison," he writes, "of the requirements for graduation of the medical students formerly with those of today, it will be observed that what then was lacking of a knowledge of the adjunct sciences just mentioned was fully compensated by the attention then given to the fundamental and practical branches of anatomy, physiology, materia medica and chemistry during the primary years, in order to fit them later for the practical application of this knowledge to the study of the practice of medicine and surgery, diagnosis and treatment, at the bedside and in the operating room.

"The following are a few diagnoses which have been made from a knowledge of anatomical relations and which at the time of their occurrence excited the admiration and the surprise of those who witnessed their verification at the autopsies:

"Abscess in the frontal lobe of the brain: tumor in the same locality.

"Clot in the angular gyrus.

"Two cases in which the prominent symptoms in each were ptosis, divergent squint and dilated pupil: one of these was disease of the cavernous sinus and the other in the right crus cerebri, the distinguishing mark of the former being that these symptoms were associated with a pain over the orbit, while in the latter there was a paresis of the opposite upper extremity.

"A case of abscess of the pons Varoli; a case of softening of an anterior pyramid of the medulla opposite the olive; a case of contraction of the aorta at the side of the body of the fifth dorsal vertebra; a case of aneurism confined to the first and second portions of the arch of the aorta; a case of depressed ulcer in the duodenum on its posterior wall just beyond the pylorus. Many other cases might be mentioned in illustration of diagnoses which were made from knowledge of the relations of anatomical parts, but these impressed me at the time with the great importance of exact anatomical knowledge, though some of them occurred when I was a student. The one last mentioned was a diagnosis made by Dr. R. P. Howard, professor of the practice of medicine in McGill College, Montreal, who, as a diagnostician, had few, if any, superiors."[8]

Dr. Charles W. Hitchcock said, in discussing a paper by Dr. Fuller on "An Easy Way to Learn the Anatomy of the Brain by the Aid of Generalization," "I feel sure that Dr. Fuller has done a good work if he has done anything to stimulate or simplify in any way the study of the anatomy of the brain. I think there is nothing in the line of anatomy which is so confusing and puzzling, and about which the average graduate is so completely at sea, as the anatomy of the nervous system.

"There are methods, of course, of preparing brains. I have one brain in two hemispheres separated, prepared by the chloride zinc process which hardens very well, but at the same time it distorts somewhat. Dr. Fuller's casts being made undoubtedly from perfect brains undistorted in any way will be true to their natural proportions; and this much is to be said of the hardened specimens, that, while they may be so hardened that they keep indefinitely very well, the brain substance is somewhat shrunken and the proportions are apt to get somewhat distorted, and the specimens are still a little bit subject to distortion from pressure, so that I do not know of anything that could take the place of his casts for perfect specimens. I wish there might be more interest in the study of the anatomy of the nervous system."[38]

EPILEPSY, MENTAL DEFECT, GIGANTISM

There were two cases, in the sixties, of epilepsy in neighboring families. One, I remember, had two outlets for bizarre nervous expression—throwing fits and singing, "I have loved thee, Zula Zong, for thy life was all a song." The "town fool" roamed the streets and furnished amusement for those urchins who were not "well brought up."

I recall a case of gigantism. His proportions were colossal. From the driver's seat on a beer-wagon, his appearance was awesome, and well calculated to inspire fear in the mind of the erring youth whose mother had threatened, if he didn't behave, to turn him over to Big Ben's custody. There were no "motorists" in those halcyon days. Drivers were drivers and did not figure as "horse-and-buggists," "beer-wagonists" or "omnibusists."

PRIMARY LATERAL SCLEROSIS

Dr. Herdman reported in 1888 a little known spinal symptom complex, "primary lateral sclerosis," which had been "recognized as a distinct disease only within a very few years."[38]

Nobody discussed it—none in the audience knowing anything about it, although this is rarely deterrent.

Dr. Herdman again in 1889 in a paper to the State Medical Society on "Primary Lateral Sclerosis" wrote of the "obscurity in which the etiology and pathology of this interesting subject is still involved."

It is perhaps little realized that astounding developments in neurology, in which the University of Michigan has had an important part, are among the triumphs of the last two-score years.

Aphasia

Dr. W. F. Breakey, professor of diseases of the skin in the University of Michigan, Ann Arbor, reported to the Washtenaw County Medical Society in 1878 a case of "Aphasia," which he deemed of interest "in connection with the question of localization of cerebral functions, to which so much attention has been given of late by physiologists and pathologists." He writes, "Hartshorne says 'hemiplegia of right side has in a number of examples coincided with aphasia, and autopsy has shown softening or other lesion of left anterior portion of cerebrum. On the strength of these facts a hypothesis has been based, that the site of the faculty of language is in the anterior frontal convolutions of the left hemisphere of the cerebrum. This is a very unphysiological supposition in view of the symmetry of the cerebro-spinal axis throughout, nor does it disappear upon the conjecture that the 'organ' upon the right side may exist always in an undeveloped state. *Valvular lesion* of the *heart sometimes accompanies the disease*."

"The case is reported," continues Dr. Breakey, "to suggest the inquiry whether, instead of accompanying only, it does not in such cases precede and primarily cause aphasia by embolism from detached coagula or vegetations drifting into cerebral arteries."[9]

Anemia, Food Intake, et cetera

The following, quoted from *Science Service*, is from the *Bulletin of the Wayne County Medical Society*, 1928:

> "The fad of liver eating which has sent the price of this poor man's beefsteak up to eighty cents a pound may do harm to healthy individuals and deprive those pernicious anemia sufferers of this life-saving meat which they really need, the American Medical Association was warned this morning [1928] in a program devoted to the latest reports upon the conquest of this hitherto hopeless disease. Dr. William S. Middleton, of Madison, Wisconsin, reported that other types of anemia do not respond to the specific element in liver, although the Minot-Murphy diet, which includes liver, has been generally successful in treating secondary anemia.
>
> "Additional proof of the efficacy of liver in the treatment of pernicious anemia was presented in a paper by Dr. James H. Means and Dr. Wyman Richardson, of Boston. In reviewing the treatment of this disease, Dr. Means made a suggestion as to its nature. It may be the result of a diet deficiency rather than a poison or infection. The fact that many people live on insufficient diets without serious trouble, and the discovery of a successful cure of pernicious anemia by means of predigested foods, indicate that the primary cause may be a gastric defect."

Malignant Diseases

It must be that carcinoma entered far less frequently than now into mortuary statistics of three score years ago. I cannot remember that it bulked large in neighborhood news.

In the effete East it was evidently troublesome.

"A prize for the radical cure of cancer" was offered in 1881—two prizes indeed of $300 and $100 respectively for best and second best essays—by Dr. J. Collins Warren of Boston.[31]

It is assumed that this contest is still open and readers in position to supply whole truth and partial truth on the subject may govern themselves accordingly.

Dr. G. K. Johnson in 1889 regretted that he could not "throw any light on this rather dismal subject." He had never "seen a recovery in a case of cancer of the uterus, however treated." This was in discussion of a paper by Dr. C. Henri Leonard on the subject.[38]

Dr. Carstens was "always in favor of radical operations" although he also had never seen any recovery yet no matter what the operation may have been," which seems to harmonize but imperfectly with his later assertion that "there is only one remedy, and that is the extirpation of the organs affected, in the early stages, *if you want to be sure that you will have no return of the disease.*"[38]

The italics above are the reviewer's; and the inquiry seems pertinent, How is a simple psychiatrist to come into awareness of what he fain would fathom?

Dr. Herman P. Von Petershausen contributed to the *Detroit Lancet* the report of a "case of spindle cell sarcomata in the region of the forehead," in which *"one year after the last operation"* no recurrence had been observed.

He was a member of the book-reviewing and abstracts staff of the *Detroit Lancet* and deeply interested in the Detroit Medical and Library Association.

A symposium on cancer to which Drs. Thaddeus H. Walker, McGraw, Kellogg, Wyman contributed occurred in the State Medical Society in 1897, and Dr. W. J. Herdman gave a paper on "Electrolytic Treatment of Abnormal Growths, Both Malignant and Benign."[38]

Complete change in surgical attitude toward cancer in less than a quarter century could scarcely be better illustrated than in a remark of Dr. Schuyler C. Graves of Grand Rapids anent a paper at the same meeting by Dr. William E. Rose of Allegan on "Treatment of Malignant Growths." In this opinion Dr. Greene of Grand Rapids and Dr. Robbins of Detroit to some extent concurred, whereupon Dr. Antisdale: "I am not a member of the association, but is it allowable for me to ask a question?"

"The Chairman: We will allow you to ask a question.

"Dr. Antisdale: Since we are taught that one variety of cancer spreads by the lymphatics and another by the blood vessels, is it not a dangerous waste of time to trust to a plaster when you can easily do it with a knife? Isn't every hour a dangerous one to run the risk of waiting?"

The reviewer does not remember Dr. Antisdale, but he evidently had a vision of what was to come.

Dr. Reynold J. Kirkland of Grand Rapids reported "A Case of Epithelioma of the Eyelid: Operation,"[38] which "a few years before had been under the care of a local 'cancer specialist,' who applied a plaster each day for eleven days in succession, thereby causing the most exquisite suffering. The raw surface remained healed over, but in six weeks a nodule appeared which grew larger, and there was a repetition of the former ulceration and crust formation.

"No enlarged lymphatic nodes were detected about the head or neck, and an operation was advised; but not until December 2, after suffering much pain, was the advice followed. With Dr. Lupinski in charge of the anesthetic, and assisted by Dr. King, removal was accomplished."[38]

Drs. W. P. Manton and George Duffield reported to the Detroit Medical and Library Association in 1885 that a breast tumor removed by Dr. Carstens was an encephaloid carcinoma. Dr. Carstens said "that in removing the tumor he had cut away the tissue for quite a radius around it. The axillary glands were not enlarged and he did not remove them. The German practice is to extirpate these glands, whether enlarged or not, but he could not see the necessity of such a procedure. He would, however, have cauterized the surrounding tissue, had it occurred to him, and he regretted that he had not done so."[29]

A paper on "Multiple Pigmented Sarcoma Cutis," profusely and admirably illustrated, appears in the Transactions of State Medical Society, 1895. It is by the distinguished Dr. William F. Breakey, late of Ann Arbor.

In the following year he wrote of "Degenerative Processes in Disease of the Skin," and displayed a number of photographs in illustration—"among them sarcoma, syphilis, rodent ulcer, lymphangioma and gangrene."[38]

Diseases of the Skin

Dr. A. E. Carrier of Detroit was a frequent contributor to medical journals on subjects connected with his specialty, diseases of the skin. He writes interestingly of "Dermatitis Herpetiformis."[38]

Auto-Intoxication

"Auto-intoxication" had its day in court, and its case is, perhaps, still pending there, but will be advocated with less convincing eloquence than thirty years ago. "It is present," writes Dr. Don M. Campbell in 1896, "in certain diseases of the eye." Dr. Connor assures the section, in discussion, that, "While Dr. Campbell and myself did not compare notes in preparing our papers, it is evident that our minds followed the same general trend." He adds, "Now, however, the pendulum is swinging back . . ." and Dr. Frothingham inveighing against vogues in practice quotes an obstetrician, who was "glad we have ergot, but not very glad."

The pendulum has always been active.

Acidosis

Of Dr. Samuel Kempton Smith (1867-1896) Dr. T. F. Heavenrich of Port Huron, councillor, in 1928, Michigan State Medical Society, writes as follows:

> "From my later knowledge of the County Medical Society, I can report one fact that I feel is entitled to some consideration in the work at hand. I am enclosing a line from

Mrs. Dr. S. K. Smith in response to a letter I sent her. I asked for a brief sketch of the doctor's life because without doubt he was the Pioneer on the matter of Acidosis. We are certain here that he was the first man to discover this condition and he gave much time and study to it. As late as 1902, he wrote and presented a paper before the Society calling attention to the syndrome of symptoms and asking for help in its study; also help in developing a remedy for its relief.

"As you can see from Mrs. Smith's letter, which I am enclosing, they have found his paper amongst his effects. As a discoverer of a new disease, I feel this is a matter that is entitled to recognition. Dr. Burr will recall Dr. Smith as an old friend who died at an early age, a victim of too large a practice."

Dr. Smith was born May 27, 1867, in the village of Milton, Queens County, Nova Scotia, where he spent the early years of his life and received his primary education. When he was yet very young it was his ambition to become a doctor.

At the age of fourteen he entered the Liverpool Academy, Liverpool, Nova Scotia, with the idea of completing the four-year course in two years. His father, Nicholas Smith, was principal of the Academy and although very ambitious for his son was skeptical of his ability to do this. However, he achieved what he set out to do, a characteristic of his entire life, and was matriculated into Acadia University, Wolfville, Nova Scotia, at the age of sixteen. From this institution he received his Bachelor of Arts degree in June, 1887, and upon the advice of a prominent Nova Scotia physician decided upon the College of Physicians and Surgeons, Columbia University, in which to take up his medical work. He entered there in the fall of 1887.

In accordance with the requirement of that time he spent the summers preceding his first and second years reading medicine in the offices of physicians, Dr. Farish of Liverpool, and Dr. Farrel of Halifax.

He graduated from Columbia in 1890 at the age of twenty-three, the youngest member of his class. After a brief holiday he returned to New York for special work in Sloane Maternity, Children's and Roosevelt Hospitals, this, with extensive hospital work during his last year of medicine, taking the place of interneship of today.

In January, 1891, Dr. Smith came to Michigan and began his practice in Port Huron on the twenty-seventh day of that month. During the years of his practice he attended clinics in New York City and Rochester, Minnesota. He studied constantly, feeling a day wasted unless he spent at least an hour in this manner, and was ever on the alert for new things.

Dr. Smith died in January, 1926, after an illness of eight months. He was survived by his wife, the former Frances Dunlap of Amherst, Nova Scotia, whom he met while at Acadia, and one daughter, Mrs. Frances Smith Malley, and an only sister, Mrs. Margaret Macmichael. An only son, Elliott, died in 1914, at the age of twenty.

The following are extracts from the letter of Mrs. Smith to which Dr. Heavenrich refers:

"Well do I remember the many hours Dr. Smith put in in search of something to help him in the treatment of what seemed to him a terrible disease, attacking not only the children but some adults.

"I have heard him lamenting the fact that all he could find was one short paragraph, and that very incomplete, so all he could do was to study it out for himself. He got so much satisfaction when he found what he thought was causing the trouble and something which helped to combat it, and when the paper for the Medical Society, which by the way we found among his papers, . . ."

Eye, Ear, Nose, Throat

An unusual amount of attention was paid to diseases of the ear at the State Medical Society in 1899.

Dr. Strangways of Flint contributed, and mentioned the "ubiquitous" use of the syringe, Dr. Amberg of Detroit the "ubiquitous use of massage." Peroxide of hydrogen encountered approval and disapproval. Dr. Emil Amberg demonstrated new instruments, and Dr. Charles H. Baker of Bay City wrote on the "Complications of Mastoid Abscess."[38]

Dr. Albert E. Bulson of Jackson read a paper at the State Medical Society meeting, 1899, on "Diseases of the Cavities of the Nose, An Important Factor in Producing Affections of the Eye."[38]

Dr. Strangways writes, in 1898, of removal of the tonsils and adenoids.[38]

Dr. E. L. Shurly found it necessary (in 1880) to put forth "A Plea for the Uvula."[9]

It contributes not a little to the lustre of this eminent laryngologist that he should at this early period have taken up the pen—which is said to be mightier than the sword, but isn't†—in defense of a helpless "organ." Who will marshal the pro-tonsil hosts?

Accidents

Accidents can scarcely, with regard for accuracy, be placed in the chapter on Prevailing Diseases, but that they "prevail" is indisputable. Automobile fatalities bid fair to neutralize the results of physicians and sanitarians in increasing the average duration of human life. And the entrance of the airplane into the picture promises to complete the vitiation of promising vital statistics. One medical writer who fails to discover from the utilitarian side "progress" in every scientific invention, however splendid, has written as follows:

> "Enter the airplane. There was universal satisfaction in the final accomplishment of an ambition existing since the beginnings of time, but the essential value has been vastly more in the achieving than in the achievement. It points, 'tis said, to man's mastery (illusory word) over the forces of nature. It opens to the adventurous and the favored of Fate having the requisite skill, opportunities for looking upon and mapping unexplored regions of the earth, but because of its fascination the bodies of many admirable persons have furnished food for sharks, war is made more ghastly and gory, and numerous brave spirits have gone to their eternal rest while their 'mourners go about the streets.' Does the unquestionable usefulness of this in times of famine and flood compensate for the perils incident to its employment? This is at least open to doubt.
>
> "I notice, for example, that it was the dog-team of Dr. Deadman that recently brought supplies and medicine from Sault Ste. Marie to Detour in advance of the airplane. And how interesting it is that there's always a doctor mixed up in such an undertaking! Personally, at three score and ten plus, I expect to live just long enough to be dodging slops and perhaps missiles thrown out by the anti-social aviator, with the same alertness now exercised to avoid being spattered at the curb or dismembered at the street corner by the moron yclept 'motorist.'"[26]

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†Oliver Herford maintains that the "pig-pen is mightier than the sword-fish" which is indisputable because of its relatively large number of "contacts."

And the *Bulletin of the Wayne County Medical Society* reprints the following thoughtful article on "Home and Public Accidents" from the *New York Times.*

"While the general death rate in the United States is going down, the accident death rate is mounting steadily. The Statistics Committee, headed by Mr. Louis I. Dublin, under the National Safety Council, has just published its report of accidents in 1927. That year promises to show the lowest general death rate recorded for the country, but no improvement is shown for accidents. If this year's increase is as great as that of 1927 over 1926, 100,000 lives will be lost in accidents.

"The committee, in setting forth these depressing facts, also gives hope of bettering the situation through intelligent analysis of causes. Accidents have been grouped in four types—motor, other public accidents, home and industrial. Concerning all except home accidents a great mass of information has been collected and tabulated. Many large and small cities are coöperating with the committee to cut down specific hazards in certain locations and situations known to them. Since the establishment of the Safety Council in 1913 the number of deaths resulting from railroad and street car accidents has been reduced nearly one-half. But in the same period the total of accidental deaths has gone up 20 per cent. This is due to an increase of 1,050 per cent in automobile deaths. The increase of 1927 over the preceding year is about 10 per cent.

"The gravity of the problem has led to careful analysis. It is particularly tragic that more than a fourth of the number killed in automobile accidents are children under 15 years of age. By far the greatest proportion were playing in the streets. This at once suggests the remedy that should be applied, though how it can be done in congested districts is not always easily discoverable. Of the nearly 200,000 drivers of cars reported in accidents only 6 per cent were women. It is also interesting to note that their death rate in such accidents follows the general accident rate in comparison with that of men, being about a third of that for males. People often blame motor accidents on an unfavorable road or weather and light conditions. Statistics show that three-fourths of them occur on a dry road in clear weather with the benefit of either daylight or good artificial lighting. One might suppose that when the motorist is far from home on a holiday trip he would be inclined to cut loose from the restrictions of his local constable. However, most drivers have their accidents in their home towns.

"Much less knowledge is available concerning falls, burns, scalds, cuts and scratches sustained at home. They may cause as much pain as being knocked down by a truck, and they frequently result in time lost from work and in hospital bills. But unless they result fatally the facts are usually not recorded. Claims paid by insurance companies for home injuries indicate that there must have been several millions of them which were never heard of beyond the premises. Some cities which work hard at their accident problems report a remarkably large proportion occurring at home. During the last five years, Providence, Rhode Island, reports home accidents causing half of all accidental deaths in the city. This presumably does not indicate that homes are growing more dangerous, but that public places are becoming safer."

"*Accidental Deaths.*—There were 135 physicians who died as the result of accidents, as compared with 140 in the previous year. The automobile increased its toll by three, making it sixty-nine."[25]

"James Madison Barnes, Waldron, Michigan; Toledo (Ohio) Medical College, 1894; member of the Michigan State Medical Society; aged 63; died, January 6, at the Thorn Memorial Hospital, Hudson, of injuries received in an automobile accident."[25]

"John N. Day, Jr., Alma, Michigan; Detroit College of Medicine and Surgery, 1893; member of the Michigan State Medical Society; aged 63; on the staff of the Carney Hospital, where he died, November 8, of injuries received in an automobile accident."[25]

"Daniel C. Bell, Flint, Michigan; Detroit College of Medicine and Surgery, 1894; member of the Michigan State Medical Society; aged 57; was found dead in his automobile, October 17, of cerebral hemorrhage."[25]

"Edward G. Folsom, Mount Clemens, Michigan; Chicago Homeopathic Medical College, 1877; past president of the Macomb County Medical Society; city health officer; formerly postmaster; aged 74; died, in January, of skull fracture received when struck by his automobile in attempting to push it out of a snowbank while it was in gear."[25]

Dr. W. J. Wilson, Sr., of Detroit, was riding a motorcycle when struck by a street car. He sustained a fractured skull and other injuries which resulted in death (1916).[26]

Dr. J. J. Sweetland of Constantine, who was killed in an automobile accident in 1916, "was one of the best known physicians of the County."[26]

"Clarence G. Sayers, Detroit; Detroit College of Medicine and Surgery, 1903; aged 50; died, September 27, while in his garage, of carbon monoxide poisoning."[25]

"James A. Mabbs, Muskegon, Michigan; Chicago Medical College, 1875; member of the Michigan State Medical Society; past president of the Ottawa County Medical Society; aged 77; died, October 9, at the Mercy Hospital, as the result of injuries received when struck by an automobile."[25]

Dr. W. H. Niles of Marshall, aged 35 years, was killed in an automobile accident in 1920.[26]

"The youth hurdled his motorcycle and plunged his head through one of the side windows, and almost cut his head off."[8]

But the world was by no means safe for juvenescence even in 1881. A "fine looking boy" appeared in Dr. Hal C. Wyman's polyclinic suffering from an injury to the olecranon process and ulnar nerve, the result of being "thrown out of a coal cart by the angry driver."[31]

Between enraged motorcycles and coal-heavers, there's little to choose.

Dr. P. J. Livingstone of Detroit was seized by apoplexy while driving his car to his home and died within a few hours (1917).[26]

Dr. Raphael Brodeur of Cadillac, while returning from church in his automobile, December 31, 1916, had a fainting spell (apoplexy?) and soon died.[26]

Discussing "prevailing diseases" in the Detroit Academy of Medicine, Dr. Noyes thought "street archery is prevailing too much at the present time. Only a few days since a boy made a target of his sister."[9]

A son of the Rev. Moses Clark "went out one morning to chop rail-cuts, and not coming home to dinner, he was found by his father lying on his face, on the ground, with a rail-cut on the back of his neck, dead."[24]

Fear in the presence of the unknown inspires the writer to feature the above among accidental deaths. If any reader knows what rail-cuts are let him be forewarned by this to avoid them.

Dr. J. N. Jessup (1887-1921), graduate from Detroit College of Medicine, died as a result of fractured skull sustained in an accident.[26]

Dr. R. G. Marriner (1857-1918), a native of London, England, a graduate from Chicago Medical College, 1881, practiced at Marinette and Menominee. He was city health officer of Menominee. His death resulted from secondary pneumonia induced by fractured ribs sustained in a fall.[26]

The *Bulletin of the Wayne County Medical Society* in the issue of August 27, 1929, announces the death of Dr. R. E. Casper of Plymouth, who was killed in an automobile accident, July 27. There is quoted from a Plymouth newspaper "an epitaph any physician might be proud to leave behind him."

From this the following excerpts are made:

> "Seldom, if ever, has a topic of conversation occupied so much time in so many different quarters as this premature snuffing out of a life . . . a doctor weaves his character into the warp and woof of a community's life as perhaps no other person does . . . During that long stretch of time [thirty years] he had ministered to the aches and pains of hundreds, or possibly thousands, of his fellow men; many Plymouth fathers and mothers were, themselves, ushered into the world by his kindly ministrations, and most of them have permitted their own children to first see the light of day by the help of those same hands.
>
> "Yes, he was serving the second generation and on his rounds in continuation of that service when fate decreed that his services must end. Possessed of an unusually liberal education, a recognized master of several branches of his chosen profession, gruff, kindly, sympathetic, a man of prejudices, with strong likes and dislikes, he has withal endeared himself to a vast number of patients, neighbors and friends who cannot help but feel a deep personal loss at his passing.
>
> "Doctor Cooper was of the old school of general country practitioner that is rapidly disappearing. Most of his social life consisted of his chats with his patients and their families after the professional part of his call was completed; long hours at the bedside of a sick patient were spent ungrudgingly; his fee, while acceptable when and if offered, was never considered an essential part of his service and many of his patients will swear that he never presented a bill to anyone; he always worked on the theory that a person was entitled to the best that medical science had to offer regardless of the size of his bankroll, and many a time his own fee was merely nominal while the surgeon and hospital bills were pared down, at his direction, until they met the ability of the sufferer to pay.
>
> "Being human, he was not without his faults and, like all of us, he made his mistakes, but to those who basked in the light of his favor he gave his best, and to them he presented, under a gruff exterior, a heart of gold."

Speaking of accidents:

> "Sixteen mountain chalets were swept away while two farms were known to be buried, the rock and dirt debris in some places being as high as 900 feet.
>
> "First reports indicated a considerable casualty list, but it was learned later that many of the villagers had evacuated after the first rumblings were heard. The slide had been expected for the last year and the residents of the district had been warned.
>
> "A heavy dust cloud hung over the Arbino valley today, toward which the landslide was moving."[25]

And speaking of war:

Despite the wories of the pacifist, war may not be an unmixed evil. Obviously it is not to be recommended, but if inevitable it is gratifying to note that medical science has mitigated its horrors. The following extract from *Science Service* is reprinted by the *Bulletin of the Wayne County Medical Society*:

> "The World War provided a great triumph for sanitary and medical science. Whatever its political and historical significance, its chief significance to sanitarians and medical men is that for the first time in the history of the world, the number of wounded in a war exceeded the number attacked by disease.
>
> "The great epidemics, amounting to plagues, of typhoid fever, smallpox, venereal diseases, and dysentery and related diseases that have followed every other war, causing

enormous mortality in troops and civilian population, were conspicuously absent after this last war."

"FACTS" AND MEMORANDA

Additional light on the "Causation of Electrical Phenomena and its Relation to Disease" is thrown by an editorial in the *Detroit Clinic* in 1882. "All friction generates this subtle fluid, and every time a train of cars rush [*sic*] through the country a large amount of electricity must be thrown off. . . . It is the law of nature that no waste is allowed. . . . At last the accumulation rushes through our connecting link. . . . Cyclones are prevalent . . . and in our practice we find an increase in nervous diseases. . . . Can we not *a priori* reason then, that diseases are dependent upon atmospheric and electrical disturbances; and can give no better answer to our patients than to call their attention to these facts."

There is much to be said for this. Patients have not infrequently been satisfied with less.

The "East Wind" and its relation to the health of the people—its influence is "malign"—comes in for deserved censure in the *Michigan Medical News.*

In this age, however, it isn't so much the "direction of the wind" as its volume and its frequency as displayed in modern salesmanship, advertising and the radio, that has a deleterious effect upon the health—particularly the mental.

In this period of doubt, uncertainty and conflicting opinion, when so many "facts" are learned one day to be unlearned on the day following, it is of no little interest to lay the flattering unction to one's medical soul that one question at least is "settled." For the comfortable assurance acknowledgment is made to *Science Service*. The memorable year is 1928.

> "Food is digested, absorbed and made available for doing the body's work just as effectively when liquid petrolatum is added to the diet as when inert laxative oil is not taken with the food. To the American Medical Association Dr. Alfred B. Olsen of Battle Creek Sanitarium reported experiments on dogs and human beings that settled this moot medical question."

SLEEPLESSNESS—ITS CAUSES AND PREVENTION

Numerous anxious truth-seekers bobbed up in the discussion of Dr. E. S. Pettyjohn's paper on "Sleeplessness—Its Causes and Treatment" in 1898.[38]

"Dr. Jenkins, Tecumseh: It would be interesting to know how Dr. Pettyjohn arrived at the conclusion that an individual is awakened by his own snoring.

"Dr. Barber, Saginaw: I would like to ask Dr. Pettyjohn why sea salt is any better than Saginaw salt put in water?

"Dr. C. W. Hitchcock, Detroit: The doctor has spoken of the sedative effect of a warm bath. He might also have spoken of the fact that real cold water running on the wrists will also do away with insomnia.

"Dr. Barber: It seems to me that one very important thing the doctor left out of his paper in producing sleep is a cold pack. Take a sheet and fold it about four thicknesses and dip it in water at a temperature of about 80 or 85 degrees F. and wring it out so that it is not too wet; place it over the body under the arms, covering the body way down to the hips and a flannel blanket over that. Oftentimes when medicine of every kind fails with my patients, this will produce sleep. I cannot explain it unless dilatation of the blood vessels and reaction from the cold produces anemia of the brain, and the patient falls asleep. I have found this method very efficacious in a great many cases when medicine did not seem to act so well.

"Dr. Pettyjohn: I suppose these questions were asked as a joke, but I will say I have found in my experience that you have to and do take a great many things on testimony. Among the things I have taken on testimony is the statement that a man has been awakened from his own snoring. I have had no experience in that direction.

"Dr. Hitchcock: Let me say that I have been awakened that way a great many times.

"Dr. Pettyjohn: Then I will leave the further discussion of that subject to Dr. Hitchcock."

"I conclude that the general cause of normal sleep, in man and animals, is the accumulation in the organism of the products of oxidation, and mainly of carbonic acid; that accumulation being favored and controlled by reflex action of the nervous system, which thus protects the organism from excessive oxidation; and thus allows of sufficient accumulation of oxidizable material to enable the organism to manifest its normal functional activity throughout a succeeding rhythmic period."

Thus Dr. H. B. Baker on the "Physiology of Sleep."[10]

He is obviously puzzled over the fact that "sleep may also be produced by inhalation of vapors, some of which render the brain comparatively free from blood, and others produce extreme fullness of the blood vessels of the brain. To recapitulate briefly, we find it proven that a condition resembling sleep may be produced by pressure, by a removal of pressure, by cold, by heat, by inhalation of vapors which reduce, and of those which increase the quantity of blood in the brain. We might continue this method of examination, and we should find that sleep may be produced by morphine, a drug which causes contraction of the involuntary muscles, and also by atropine, which causes relaxation of such muscles."

"Returning to our first question, Why does not the mind act continuously?" he says, "It may be well, before attempting to answer it, to ask another, which is, How do we know that it does not act continuously? We know this, each one for ourselves, because of a certain something which we call consciousness, by which our sensations are recorded. Back of this consciousness of external and internal impressions, I do not propose to go."[10]

How unfortunate there were no psychoanalysts or "behaviorists" in those days to clear up these matters for a groping soul. It's all so simple now.

One who knows can confirm Dr. Hitchcock's revelation of a personal experience.

As to the technic of that "ravelled sleeve of care," *tricoteuse* we are admittedly no further along in 1928, as an article on "Sleep" in the *Journal of the American Medical Association,* June 16, 1928, testifies:

> "Sleeplessness is a perennial problem in the professional routine of the physician, frequently and persistently demanding relief. Nevertheless, the physiologic basis of sleep remains unsolved. The familiar fact that there are alternating periods of rest and activity and the implication that sleep represents a period of comparative rest or inactivity offer little aid in the practical management of insomnia. Hence Kleitman well remarked a few years ago that most investigators of the physiology of sleep, in reporting their observations, remind their readers, by way of apology, of the tremendous importance of the subject for the advancement of our knowledge of physiology as a science, as well as for the rational treatment of insomnia. They like also to record the fact that the average person spends more than a third of his life in sleep and has been doing this from time immemorial, and they raise the question whether eight hours or more of sleep a day really constitutes the minimum penalty for keeping awake the rest of the time. It seems reasonable to suspect, Kleitman adds, that, as in the case of protein consumption, there is a large "factor of safety" in the amount of sleep one gets, and that it could be considerably reduced without impairment of health or loss of efficiency.
>
> "There is no lack of theories of sleep. . . . (Three paragraphs are devoted to these.)

Spastic Colitis

The *Bulletin of the Battle Creek Sanitarium and Hospital Clinic,* April 1929, enters the lists valiantly in the defense of "Colitis—The Spastic Type," and a critical situation is saved from the ruthless onslaughts of Frank Smithies and Louis Hirschman. These latter utterly failed to make any hit with the writer, who had cherished this diagnosis of a pathology "under the heart." Quite casually, and, of course, having no connection therewith, a septic appendicitis got him, and—well, dogmatism often wins out apparently and those iconoclasts probably think this would serve as an item among their exhibits. "Ah, me" and also "*Ah, us,*" how much there is to be learned and unlearned. Dr. Eggleston correctly writes that "a discussion of any type of colon dysfunction is apt to elicit differences of opinion," but he thinks "the etiology of spastic colitis has not received the attention by the profession that it deserves."

That's exactly what I thought, "unstable nervous condition," "particularly purgatives," 'n everything.

Rabies

"In 1903 rabies appeared in Michigan and I was called in consultation to see the first case in man. This so deeply impressed that I requested the Board of Regents to provide immediately a Pasteur Institute for the treatment of this disease, and this was promptly done. For many years this was the only institution of the kind west of New York . . . now the material for treatment can be obtained and used by the family physician."[1]

The following excerpt is taken from a paper by B. J. Killham of the Michigan State Veterinary Department, March, 1929:

> "Briefly summarizing the rabies situation as it applies to Michigan, the following conclusions are presented:
>
> "The stray dog should be eliminated, of course, but the human factor and not the dog is the most difficult to govern and anticipate, and much work of an educational nature is necessary to neutralize or bring about the control of the demonstrated vagaries.
>
> "Rabies, in common with many other infectious diseases, follows the lines of traffic.
>
> "The disease has developed from practically nothing to a condition involving thirty-four counties (nearly one-half of the state) in six years. Despite a dog law, city ordinances, rabies quarantines, certain responsibilities for the control of dogs placed upon counties, and average enforcement of the various restrictions, rabies has spread and is more prevalent than ever before in the history of the state.
>
> "There is no proof to indicate that the single injection vaccination as a prophylactic is not reasonably effective. A vaccination clause makes for easier and more complete quarantine enforcement. The outstanding objection to vaccination relates to the proper identification of treated dogs running at large.
>
> "The movement of susceptible dogs in automobiles must be checked if rabies is to be controlled. Data show that approximately 25 per cent of the tourists' cars contain dogs. If a dog becomes rabid en route, it is almost sure to escape or be liberated.
>
> "Dog days are a delusion. Most of the rabies occurs during the late winter and spring. A seasonal decline is now in evidence."

Singularly enough in wide reading for this compilation I recall no early and extensive discussion of this malady in any medical society's proceedings. (C. B. B.)

* * * * * *

The following items are from the *Journal of the American Medical Association,* indicating the prevalence of heart and brain diseases, as causes of death among physicians:

"Frederick Shillito Kalamazoo, Michigan; Kentucky School of Medicine, Louisville, 1882; Rush Medical College, Chicago, 1890; past president of the Kalamazoo Academy of Medicine; on the staffs of the Borgess Hospital and the Bronson Methodist Hospital; aged 71; died, January 7, of angina pectoris."

"Karl Greiner, Sparta, Michigan; Chicago Homeopathic Medical College, 1892; formerly mayor of Sparta; member of the school board; aged 57; died suddenly, January 15, of heart disease."

"Patrick J. Sullivan, Muskegon, Michigan; University of Michigan Medical School, Ann Arbor, 1890; aged 68; died, January 15, of cerebral hemorrhage."

"Leonidas Michael Brunet, River Rouge, Michigan; Montreal School of Medicine and Surgery, Montreal, Quebec, Canada, 1874; member of the Minnesota State Medical Association; aged 81; died, January 7, of cerebral hemorrhage."

"William Erwin Allen, Grand Rapids, Michigan; College of Physicians and Surgeons, Chicago, 1885; aged 70; died, January, 4, at the Blodgett Memorial Hospital, of chronic myocarditis and bronchopneumonia."

An interesting contribution to the "Vital Statistics of Detroit" discussed editorially in the *Detroit Lancet* in 1878 reveals a "variety of diseases" in mortality statistics. Among them were "Kraps," "Convulsion

Fits," "Born before time," "Result of Confinement," "Cramps" and "Not living with her husband."

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Chapter XV

Public Health Work in Michigan

"The acid test of public health work is in the death rate."

—PROF. GEORGE C. WHIPPLE.

CHAPTER XV

Public Health Work in Michigan

By Guy L. Kiefer, M.D., D.P.H., State Commissioner of Health, Lansing, Michigan

ANTI-VACCINATION PROPAGANDA

THERE has been little concerted propaganda against vaccination in Michigan. Differences of opinion have arisen locally, largely centering around exclusion from school of unvaccinated children, but records show no state-wide agitation of any consequence.

The legal status of measures for the control of smallpox has been made clear by the courts. Generally speaking, the state, in the exercise of its police powers and in the interest of the public health, has the power to enact such laws, rules, and regulations as will prevent the spread of smallpox. Local boards of health derive their power to deal with smallpox from the general laws of the state.

The three court cases which furnish the legal background for smallpox control are summarized below. They originated in Kalamazoo, Grand Rapids, and Lansing, in 1901, 1918, and 1923, and all of them relate to the exclusion of unvaccinated children from school.

127 Mich. 530—MATHEWS *vs.* KALAMAZOO BOARD OF EDUCATION (1901):

Mandamus by George R. Mathews to compel the board of education of school district No. 1 of the city and township of Kalamazoo to admit relator's children to the public schools. From an order granting the writ, respondent brings *certiorari*. Affirmed.

Statement of facts.—The relator is a taxpayer and resident of the city of Kalamazoo and school district No. 1, above named. He has three children, aged, respectively, 11, 9, and 7 years. In 1894 the school-district board enacted the following rule:

> "No pupil shall be admitted into any public school who cannot furnish satisfactory evidence that he or she has been vaccinated or otherwise secured against smallpox; and no pupil affected with any contagious disease, or coming from a house where such a disease exists shall be allowed to remain in any public school."

This rule has been in force ever since its adoption, and is still in force. The relator's three children have never been vaccinated, as the family follow the Christian Science faith. Admission was refused the children at the opening January term. Upon such refusal the relator petitioned the circuit court for this mandamus proceeding. Court below granted the prayer of the petition. Case comes to Supreme Court by *certiorari.*

Section 34 under Act No. 335, Local Acts 1891:—"School district No. 1 of the city and township of Kalamazoo shall in all things not herein otherwise provided be governed by, and its powers and duties defined by, the general laws of this state regulating school districts and district libraries therein; and all acts and parts of acts inconsistent with this act are hereby repealed."

Section 11 under Act No. 335, Local Acts 1891:—"It shall be the duty of the board of education * * * generally to do all things needful and desirable for the maintenance, prosperity, and success of the schools and library in said district."

2 Comp. Laws, 4682.—"The district board shall have the general care of the school, and shall make and enforce suitable rules and regulations for its government and management."

Opinion (Moore, J.).—"The law of the state makes it their (children of school age) duty to attend school, and it is the duty of the parent to send them. 2 Comp. Laws, 4847. It is not a question as to what the legislature might do, under the police power, about requiring vaccination as a pre-requisite to attending school; nor is it a question of whether the legislature could confer this power upon the school board. The board of education is a creature of the statute. It possesses only such powers as the statute gives it. The legislature has said who may and should attend the public schools. It has nowhere undertaken to confer the power upon the school board to change these conditions by passing a general, *continuing* rule excluding children from the public schools until they comply with conditions not imposed upon them by the legislative branch of the government. In what I have said I do not mean to intimate that during the prevalence of diphtheria or smallpox, or any other epidemic of contagious diseases, in a school district, the board may not, under its general powers, temporarily close the schools or temporarily say who shall be excluded from the schools until the epidemic has passed; but what I do say is that the legislature has not undertaken to give them the power, when no epidemic of contagious disease exists or is imminent in the district, to pass a general, continuing rule which would have the effect of a general law excluding all pupils who will not submit to vaccination."

Order of the circuit court is affirmed.

WILLIAM S. ROWE *vs.* BOARD OF EDUCATION (Superior Court of Grand Rapids, 1918):

Application for a writ of mandamus to compel the respondent to admit relator's four children to the public schools of the city of Grand Rapids without having been vaccinated.

Statement of facts.—From November 1st up to the present time there were 277 cases of smallpox reported to the board of health and 10 known cases existing in the city of Grand Rapids at the present time and in addition smallpox is prevalent in 56 counties of the state. The Michigan Department of Health had notified the local board of health of the city of Grand Rapids to take measures for the suppression and prevention of the spread of smallpox in the city of Grand Rapids. The health officer and the board of education acted in good faith and for protection of the general health issued the order concerning which the relator now complains.

Opinion (Major L. Dunham, Judge of the Superior Court of Grand Rapids).—"I prefer to base my opinion in this case upon the several provisions of the statute that I have already quoted, and upon my opinion that the legislature therein and thereby have delegated to the board of health of this city, its health officer, and the respondent, police power to make the rule and order that during the prevalence of smallpox in this city, that no children or teachers shall attend the public schools of this city during such prevalence, unless vaccinated."

Section 5043, C. L. 1915.—"The board of health shall make such regulations and bylaws respecting causes of sickness within their respective townships as they shall judge necessary for the public health and safety."

Section 5081, C. L. 1915.—"When the smallpox or any other disease dangerous to the public health is found to exist in any township, the Board of Health shall use all possible care to prevent the spread of the infection."

Section 97, subdivision of the City Charter of Grand Rapids.—"The director of public welfare shall have and exercise within and for the city, all the powers and authority conferred upon the local boards of health by the laws of this state. . . ."

Section 8, title 16, of the act of the legislature constituting the Board of Education.—"It (said Board of Education) shall have the power * * * to adopt by-laws, rules and regulations for its own government and have the control and management of all schools."

Ruling of the Board of Education which excluded relator's son.—"No pupil shall be allowed to attend any school, nor shall any teacher be employed in the same, unless such pupil or teacher has been vaccinated."

The court cited a very complete and exhaustive line of authorities.

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224 Mich. 388—PEOPLE, *ex rel.* HILL *vs.* BOARD OF EDUCATION OF THE CITY OF LANSING (1923):

Mandamus by the people of the State of Michigan, on the relation of S. Rowland Hill, health officer of the city of Lansing, to compel the board of education of the city of Lansing and another to enforce an order of the board of health. From an order granting the writ, defendants bring *certiorari*. Affirmed.

Statement of facts.—On January 25, 1923, the board of health of the city of Lansing passed the following resolution:

> "That all school children, teachers and janitors not already vaccinated be excluded from the public schools of Lansing until such time as in the opinion of the board of health the danger from further spread of smallpox has passed."

On January 30, 1923, the board of education of the city of Lansing adopted the following resolution:

> "Whereas, the work of the schools of the city of Lansing has been seriously interrupted during the past month, and
>
> "Whereas, large numbers of children have been vaccinated, and
>
> "Whereas, there is no epidemic of smallpox in this city there being only 17 cases at present;
>
> "Therefore be it resolved by the board of education of the city of Lansing that all principals of schools in the city be instructed to admit any child to school who has not had smallpox recently, or who has not been living in a family having smallpox, or who is not quarantined and who in his or her judgment is in good health and has not been exposed to smallpox.
>
> "This resolution is passed in the interests of the schools and for the purposed of enforcing proper school law and having in school all children who ought legally to be in attendance."

No case of smallpox in nineteen of the twenty-two public schools of the city.

Opinion (Fellows, J.).—"The instant case was foreshadowed in that opinion (Mathews *vs.* Kalamazoo Board of Education, 127 Mich. 530). During the winter of 1922-1923 smallpox existed in the city of Lansing. The board of health and the board of education for a time worked in harmony. On January 8th, the board of health after consulting with the secretary of the state board of health, the president of the board of education, and others, passed a resolution directing that steps be taken to prevent the spread of the disease, these steps including quarantine and free vaccination. On January 25th it adopted a further resolution requiring the exclusion from the public schools of school children, teachers and janitors who had not been vaccinated. Notwithstanding the former harmonious relations between the two boards, on January 30th the board of education passed a resolution reciting that there were but 17 cases of smallpox then existing in the city and directing the admission of children to the schools who had not been vaccinated. * * *

"Section 5081, 1 Comp. Laws 1915, provides: 'When the smallpox or any other disease dangerous to the public health, is found to exist in any township, the board of health shall use all possible care to prevent the spreading of the infection, and to give public notice of infected places to travelers, by such means as in their judgment shall be most effectual for the common safety.' * * *

Under section 288 of the charter of the city of Lansing its board of health is given the power conferred on health boards by the general laws of the State."

Justice Fellows in writing his opinion gives an exhaustive résumé of like cases in other states of the union and in the U. S. Supreme Court, all tending to uphold such a resolution as that passed by the board of health of the city of Lansing, and in his opinion affirms the judgment of the court below. It is interesting to note that Moore, J., dissented from the opinion of Fellows, J., on the ground that the legislature has not made any specific provision that all school children must be vaccinated before being admitted to the schools. However, the underlying principle back of the prevailing opinion is best given in terms of 12 R. C. L. p. 1289 which reads as follows: "Generally, express power to require the vaccination of school children is not necessary, but may be implied from discretionary power to take all proper measures to safeguard the public health."

The War-Time Epidemic of Influenza

"The pandemic of influenza which swept across the United States in the fall of 1918 spread from East to West, and first manifested itself in

Michigan during the last few days in September, 1918; the first reports of this disease reached the Michigan Department of Health on the first day of October, 1918," reads the Forty-Seventh Annual Report of the Commissioner of the Michigan Department of Health, covering the fiscal year ending June 30, 1919. The twelve pages of this report devoted to "Influenza in Michigan: General Prevalence," constitute practically the only study of the war-time epidemic of influenza as it affected Michigan. The following quotations and graphs are from the narrative portion of this study.

"On the first day of October, 1918, there were thirteen cases reported; these cases were reported from the southern counties of the State; six of the thirteen cases were reported from Calhoun County. On October 2 there were 121 cases reported to this department and ninety of these came from Jackson County. During the first three weeks of this epidemic there were more cases reported from Jackson County than from any of the other counties in the State.

"Within two or three weeks from the time that the first report was received at this office nearly every county in the state was reporting cases of influenza. The number of reported cases increased daily until on October 23, there were 4,664 new cases reported to this department; this was the largest number of cases reported in any one day during the epidemic. From October 23 to November 14 the number of cases reported daily gradually decreased until on November 14 there were only 604 cases reported. For the week ending October 26 there were 21,205 cases reported; it was during this week that this disease reached its greatest prevalence.

"On October 18, Dr. R. M. Olin, Commissioner of the Michigan Department of Health, issued an order closing churches, dance halls, poolrooms and all places of amusement, and prohibiting public funerals or public gatherings of any kind. This 'ban' remained in force for nearly three weeks and was lifted on November 7. The effect of this closing order can be seen by referring to the diagram in which is shown the number of cases of this disease reported daily to this department during the months of October, November and December.

"In the following pages of this report† are given tables showing the number of cases and deaths as reported weekly to this department for the State as a whole, and for each of the counties constituting same. During the months October, November and December, 1918, there were reported to the Michigan Department of Health, 116,302 cases of influenza and 6,336 deaths resulting from this disease. Following the above mentioned tables will be found tables showing the number of cases and deaths by sex for each of the three months, also by age groups and by sex for each of the various age groups given for each of the months and for the total of the three months. The percentage of cases and deaths to the total number, by age groups, will also be found in the tables.

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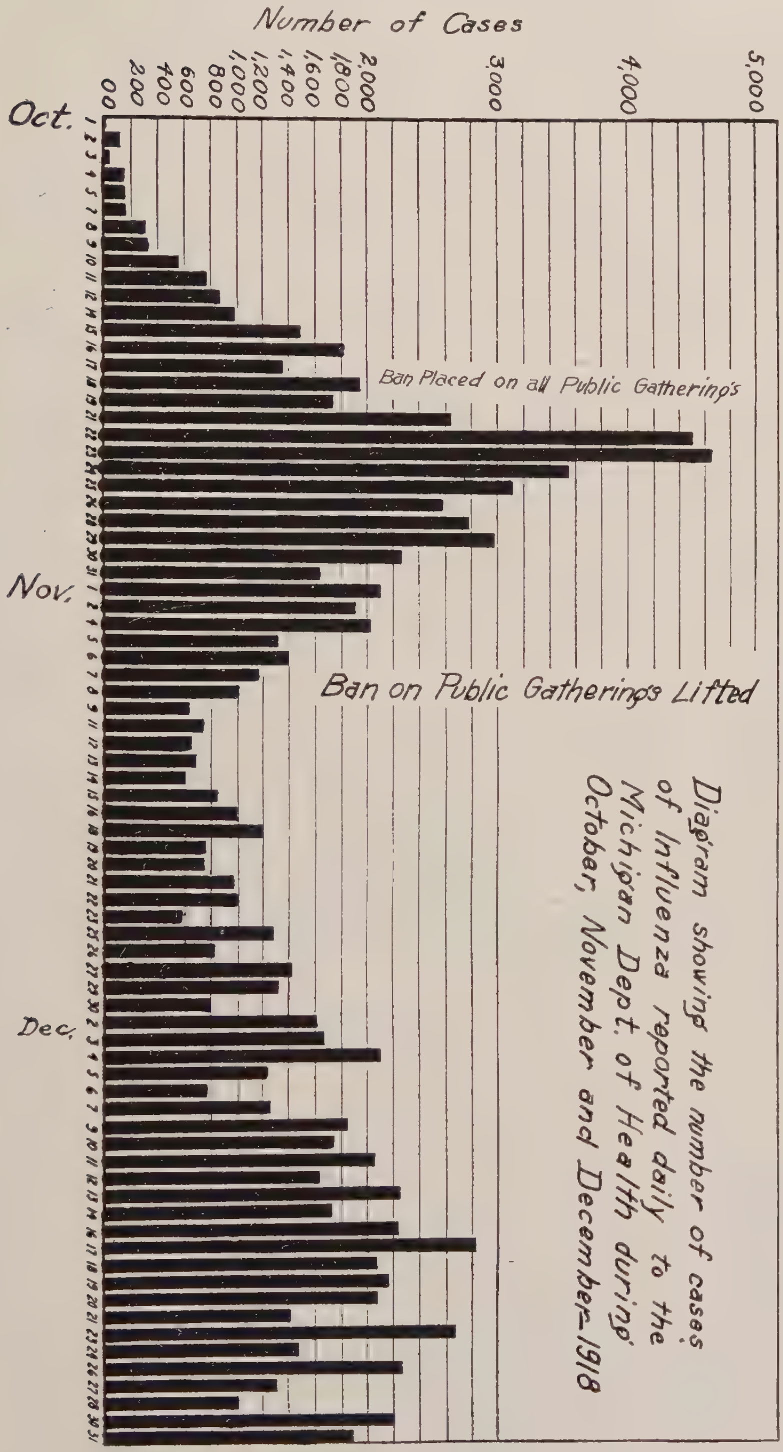
†Forty-seventh annual report of the Commissioner of the Michigan Department of Health, pages 136-139.

INFLUENZA IN MICHIGAN



Ban Placed on all Public Gatherings

Ban on Public Gatherings Lifted

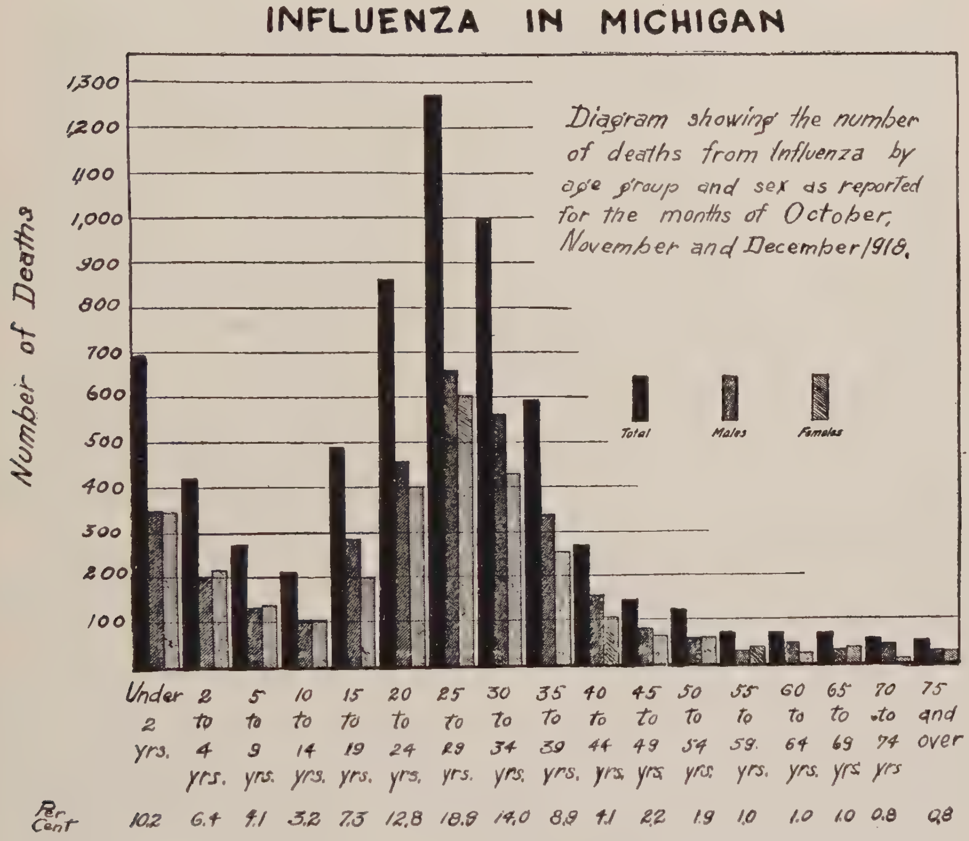
Diagram showing the number of cases of Influenza reported daily to the Michigan Dept. of Health during October, November and December—1918

TABLE I—Showing the number of cases of influenza reported to the Michigan Department of Health, for the months of October, November and December, 1918, in which were given the age and sex, by age groups and sex. The per cent of total cases at each age group to the total number (55,794) is also given. During the above three months the total number of cases reported to this department was 116,302, but only 56,794 instances gave the age and sex.

	October			November			December			Total			Per Cent of total cases at each age group to total number
	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	
ALL AGES	16,232	8,253	7,979	12,994	6,394	6,600	27,568	13,669	13,899	56,794	28,316	28,478	100.0
Under 2 years	295	148	147	287	153	134	641	346	295	1,223	647	576	2.2
2– 4 years	1,068	580	488	871	431	440	2,038	1,047	991	3,977	2,058	1,919	7.0
5– 9 years	2,146	1,107	1,039	1,955	974	981	4,117	2,051	2,066	8,218	4,132	4,086	14.5
10–14 years	1,938	961	977	1,587	766	821	3,778	1,854	1,924	7,303	3,581	3,722	12.7
15–19 years	1,981	1,017	964	1,498	768	730	2,983	1,524	1,459	6,462	3,309	3,153	11.4
20–24 years	1,809	759	1,050	1,266	514	752	2,373	963	1,410	5,448	2,236	3,212	9.6
25–29 years	1,802	871	931	1,443	661	782	2,773	1,252	1,521	6,018	2,784	3,234	10.6
30–34 years	1,730	921	809	1,404	698	706	2,824	1,398	1,426	5,958	3,017	2,941	10.5
35–39 years	1,240	664	576	975	494	481	2,075	1,075	1,000	4,290	2,233	2,057	7.6
40–44 years	830	451	379	686	378	308	1,523	849	674	3,039	1,678	1,361	5.4
45–49 years	553	334	219	383	233	150	954	521	433	1,890	1,088	802	3.3
50–54 years	335	179	156	269	139	130	623	341	282	1,227	659	568	2.2
55–59 years	177	96	81	129	69	60	315	172	143	621	337	284	1.1
60–64 years	159	81	78	116	57	59	261	129	132	536	267	269	.9
65–69 years	79	46	33	54	24	30	142	73	69	275	143	132	.5
70-74 years	60	24	36	45	25	20	90	49	41	195	98	97	.3
75 years and over	30	14	16	26	10	16	58	25	33	114	49	65	.2

PREVALENCE OF INFLUENZA IN MICHIGAN DURING THE FALL OF 1918, BY AGE GROUPS AND SEX

"As before stated, there were 116,302 cases of influenza reported to this department during the months of October, November and December, 1918. Of the above number of reported cases there were 56,794 reports in which were given the age and sex. However, there is no reason to believe that the failure to state the age or sex would affect any one age group or sex more than the other; so basing our data on the 56,794 cases in which the information sought for was given, we do not believe that the per cents shown in Table I† would be changed to any great extent if the age and sex had been available on the 116,302 cases.



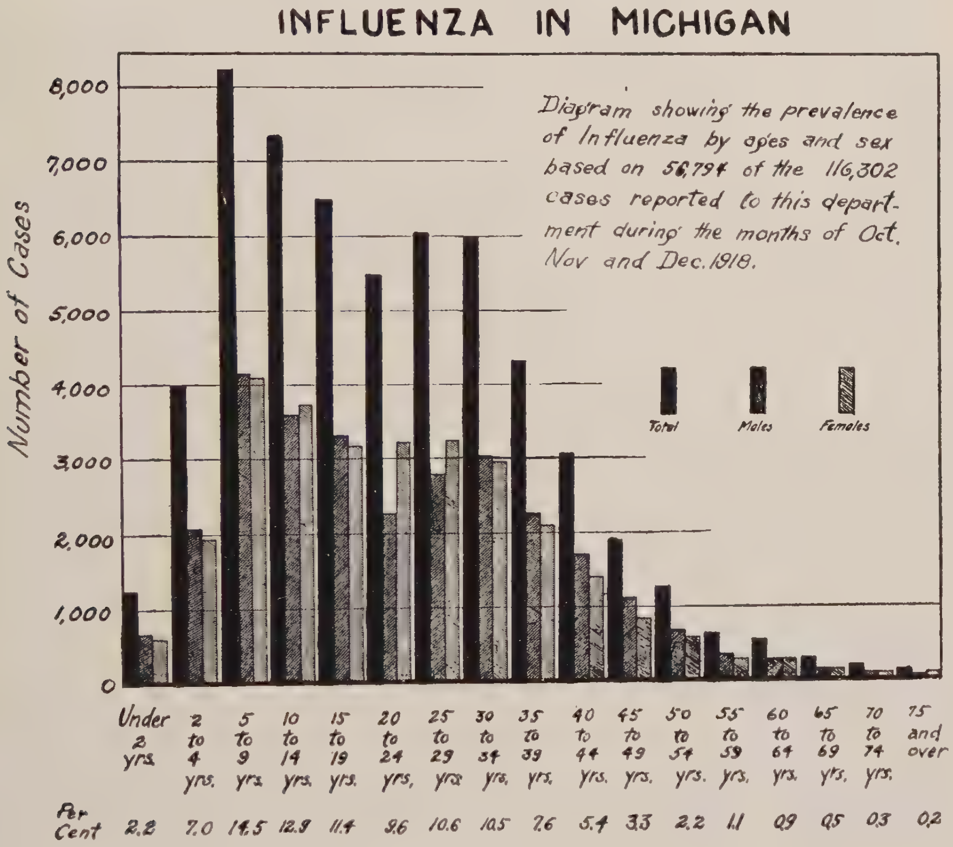
"As the failure of the health authorities throughout the State to state the age and sex of recognized cases of influenza did not affect any one geographical section, county, city or village more than another, there is no reason to believe but that the data shown in the table would be fairly accurate in comparing the prevalence of this disease of one age group with

TABLE II—Showing the number of deaths from influenza, reported to the Michigan Department of Health, for the months of October, November and December, 1918, by age and sex. There is also shown the number of deaths occurring in each age group by sex. The per cent of deaths occurring in each age group to the total number of deaths at all ages will be found in the last column of this table.

	October			November			December			Total			Per Cent of deaths at each age group to total number
	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	
ALL AGES	2,481	1,408	1,073	2,059	1,099	960	2,205	1,119	1,086	6,745	3,626	3,119	100.0
Under 2 years	213	102	111	254	127	127	224	118	106	691	347	344	10.2
2– 4 years	156	76	80	154	81	73	111	45	66	421	202	219	6.4
5– 9 years	101	47	54	98	53	45	75	34	41	274	134	140	4.1
10–14 years	74	38	36	66	36	30	75	34	41	215	108	107	3.2
15–19 years	184	108	76	146	82	64	162	100	62	492	290	202	7.3
20–24 years	399	250	149	232	102	130	234	108	126	865	460	405	12.8
25–29 years	516	301	215	353	165	188	404	197	207	1,273	663	610	18.8
30–34 years	362	217	145	266	151	115	374	199	175	1,002	567	435	14.9
35–39 years	184	99	85	194	120	74	220	122	98	598	341	257	8.9
40–44 years	92	56	36	77	45	32	104	60	44	273	161	112	4.1
45–49 years	44	18	26	52	36	16	53	27	26	149	81	68	2.2
50–54 years	37	24	13	49	24	25	39	14	25	125	62	63	1.9
55–59 years	27	16	11	15	6	9	28	9	19	70	31	39	1.0
60–64 years	24	16	8	25	19	6	24	13	11	73	48	25	1.0
65–69 years	22	11	11	23	11	12	25	11	14	70	33	37	1.0
70-74 years	14	11	3	23	18	5	20	15	5	57	44	13	.8
75 years and over	16	8	8	14	11	3	24	9	15	54	28	26	.8
Years not stated	16	10	6	18	12	6	9	4	5	43	26	17	.6

another, or for comparing the prevalence as to sex for the State as a whole, or for each of the age groups given.

"According to the data shown in Table I,† the males were no more susceptible to this disease than were the females, and contrary to the belief of a great many persons that school children were not so liable to contract this disease as were persons of the older age groups, the reverse conditions seem to be true. It will be seen in the column captioned 'per cent of total cases at each age group to the total number,' that 9.2 per cent of the total number of cases were among children under 5 years of age, or those under the school age. The next group, age from 5 to 9 years, we find claimed 14.5 per cent of the cases, while the group of 10 to 14 years, 12.9 per cent, and the last group constituting the school age, 15 to 19 years, 11.4 per cent. Taking the persons constituting the school age, or those whose ages range from 5 to 19 years inclusive, we find that 38.8 per cent of the total number of cases were among those of the school age, and combining the



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†Table 24 in the original report.

above per cent (38.8) with that for the children under the school age (9.2 per cent) we have 48.0 per cent of all the cases were among children and persons under 20 years of age.

"As before stated, 14.5 per cent of all the cases were among children whose ages ranged from 5 to 9 years. We find that with each older age group the per cent decreases until the age group of 75 years and over is reached, where only 0.2 per cent of the total cases were among this age group, or in other words the older the persons the less liable they were to contract this disease.

"It would be well to study Table II,† in which is shown the number and per cent of deaths at each age group, with Table I, which treats with the cases only. The two accompanying diagrams relative to the two above mentioned tables bring out more clearly the facts mentioned above.

AGE DISTRIBUTION OF THE FATAL CASES OF INFLUENZA DURING THE MONTHS OF OCTOBER, NOVEMBER AND DECEMBER, 1918

"In Table II,† is shown the total number of deaths from influenza reported to this department during the months of October, November and December, 1918. The total number of deaths by sex for each of the various age groups is also shown for the three months stated above. The per cent of deaths occurring in each of the age groups to the total number reported will be found in the column captioned 'per cent of deaths at each age group to the total number.'

"In comparing the total number of deaths by sex for the months given and for the total of the three months, it will be noticed that the total number of deaths among the males was 16.2 per cent greater than those among the females. In considering the number of deaths by sex up to the 20th year of age we find that the males exceed those of the females by 69, which is equivalent to only 6.8 per cent, while among those whose ages range from 20 to 29 years the males again predominate; during this age the number of deaths among the males is 10.6 per cent greater than among the females, and for the ages from 30 to 39 years the male deaths exceed those of the females by 31.2 per cent. For those whose ages are in the forties the male deaths are 40 per cent greater than among the females. For the older age groups it will be found that the deaths among the males exceed those of the females in nearly all of the instances.

"In the column captioned 'per cent of deaths at each age group to the total number' it will be noticed that the greater number of deaths from this disease occurred among those whose ages ranged 'under 2 years of age,' and those of from 20 to 35 years of age. According to the data shown in this column 10.2 per cent of the deaths were among children under two years of age and 46.6 per cent were among those whose ages ranged from 20 to 35 years. The number of deaths among those of the school ages or from 5 to 19 years was only 14.6 per cent of the total number of deaths. The per cent of deaths occurring in each of the age groups to the total number of deaths, beginning with the fortieth year, gradually decreases until for the age group of 75 years and over we find only 0.8 per cent of the total number of deaths occurred during this age group."

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†Table 25 in the original report.

It is evident that the foregoing account of the influenza epidemic of 1918 did not attempt to determine the actual loss caused by this epidemic. It is well known that a very large majority of the deaths from influenza were caused by secondary infections of the upper respiratory tract with resulting pneumonia, and this element should be considered as a direct result of the influenza epidemic, whether the term influenza was used on the death certificate or not. Moreover, it was generally recognized during this epidemic that the disease was peculiarly fatal in the case of pregnant women, and this is also a factor to be considered.

An estimate, therefore, has been made in the following way: the number of deaths from influenza have been taken for the three months, October, November and December of 1917, and for the same three months of 1919, and the average number of deaths determined therefrom. This, compared with the number of deaths that occurred for the same three months in 1918, gives some idea of the relation of the epidemic to normal conditions.

We find that, taken as above, the average number of deaths from influenza for the two years 1917 and 1919 was 66. During 1918 the same three months gave 6,336 deaths. For bronchopneumonia, figured in the same way, we have an expectancy of 327 deaths, and there were 1,116 deaths in which bronchopneumonia was assigned as the cause of death on the death certificate.

In lobar pneumonia and in pneumonia of unqualified type, there was an expectancy of 552 deaths and there actually occurred 2,782. In deaths from puerperal causes, the expectancy was 119. There actually occurred 281.

If we take these four diseases together and make the comparison, we find that the number of deaths which actually occurred was almost ten times greater than the expectancy. In other words, with an expectancy of 1,064 deaths, there actually occurred 10,515. This, more truly than the report quoted above, is a measure of the cost in human lives in Michigan of the pandemic of influenza in 1918.

Michigan's Contention with Tuberculosis

Two sources should be examined to gather the evidence that the prevalence of tuberculosis in Michigan has been controlled and limited by public health methods. These two sources are the records and public opinion. The statistician's reports of cases and deaths give mathematical proof of the decline in the death rate. Less tangible indication of its control, but as authentic, is found in the changed attitude of the people. At one time, giving a patient a diagnosis of tuberculosis was akin to placing the outcast mark upon him; doctors hesitated to diagnose, did not instruct their patients, and people with disquieting symptoms postponed the trip to the doctor's office. Today the reaction to the verdict has a stronger tinge of hope than of fear and the initial trip for diagnosis is not so long delayed. This altered point of view of the public is an outstanding fact in the history of tuberculosis.

A second change in public opinion, dating from the period of "anti-tuberculosis campaigns," is exhibited in the improvement in general sanitary standards of living. "Clean-up campaigns," "swat-the-fly" orgies, "fresh-air" crusades, anti-spitting "rules and regulations," agitation for the outlawry of the common drinking cup and roller towel—all these onslaughts on the public mind originated as anti-tuberculosis propaganda. Fresh air and personal hygiene became cardinal rules in the technic of living when tuberculosis campaigns became the vogue.

Statistics confirm the improvement that the outlook of the public indicates. In 1898 Michigan was admitted to the United States Registration Area for Deaths. Accurate statistics on tuberculosis deaths, therefore, must date from that year, but the statement that during the seventies the tuberculosis death rate in Michigan exceeded 300 per 100,000 population is accepted by statistical authorities. The phenomenally high reported death rate of the nineteenth century must be considered as even lower, and considerably lower, than the actual death rate. Reporting by physicians was fitful, diagnoses were doubtful and delayed, and an excessive number of cases, those in the early and late stages of the disease, were without medical attendance.

Two years after the law admitting Michigan to the United States Registration Area for Deaths became effective, the death rate from all forms of tuberculosis was 102.4 per 100,000 population and from pulmonary tuberculosis 83.4. In 1928, the rate from all forms was 67.2 and from tuberculosis of the lungs 57.2, an approximate reduction of one-third.

A decline in the death rate that started in 1891 was so striking that a direct cause is suspected. Whether this reduction was incidental to a "campaign of education" instituted by the State Board of Health in the early nineties, or whether the decline and the campaign had the close relation of cause and effect is debatable, but the fact is that the decrease in the death rate and the education of the public occurred simultaneously. State Board of Health reports have the following comment on this reduction:

> "In 1891 there was a decided decrease in the death rate from consumption in Michigan. This is remarkable as it was the first time that the disease had ever decreased so much, and it occurred at a time when influenza was epidemic in this country, and the statistics for the eastern states show an increase in the death rate from consumption, which increase was attributed to the influence of the epidemic influenza.
>
> "It is possible that the decrease in the death rate from consumption in Michigan beginning in 1891 and continuing in 1892 to 1894 was due to the efforts of the State Board of Health to educate the people in methods of restricting the disease. Alternative suppositions are (1) that the decrease in the death rate from consumption was caused by the attributing of a large number of deaths of consumptives to influenza, in the years 1891 to 1894, and (2) that many who otherwise would have died from consumption in those years actually died from influenza in 1891. Possibly all three of these supposed causes may have contributed. But it is a fact that the first edition of the leaflet on the restriction and prevention of consumption was widely distributed throughout Michigan

in 1891, and that year was the first one in which the reported death rate from consumption was less than 100 per 100,000 persons living; it is also a fact that in no year since 1890 has the reported death rate from consumption equaled the average death rate previous to that year; and in 1896 the reported death rate from consumption was less than it was ever known to be in Michigan. It now [1897] appears probable that the material lessening of the mortality from this disease which has heretofore caused most deaths has at last fairly commenced."[1]

THE EARLY "CAMPAIGN OF EDUCATION"

Dr. Victor C. Vaughan, who maneuvered much of Michigan's early work in tuberculosis control, is authority for the statement that the State Board of Health of Michigan taught the communicability of tuberculosis before Koch discovered the tubercle bacillus in 1882. He states that the officials of the board found the most satisfactory method of educating the public to be by sanitary conventions; at these conventions the nature of tuberculosis became one of the most thoroughly considered subjects. A French surgeon by the name of Villemin had, between 1860 and 1870, produced tuberculosis in animals by the injection of tuberculous excretions and the results of these experiments were made the basis for teaching that tuberculosis is contagious and consequently preventable, rather than hereditary and therefore not preventable.

Quotations from a few of the papers given before these sanitary conventions show the trend of opinion. Dr. Henry F. Lyster of Detroit, before a convention in Detroit in 1880, said, "The weight of medical opinion, founded upon intelligent observation, inclines to confirm a belief in the contagiousness of phthisis." Dr. Bela Cogshall of Flint, in 1881, made a clear-cut, emphatic statement of belief in the communicability of consumption that contradicted the theory of transmission by heredity.

In 1886, Dr. Henry B. Baker, secretary of the State Board of Health, made a meeting of his board the occasion for a vigorous plea for the establishment of a hygienic laboratory at the University of Michigan and resolutions were adopted petitioning the board of regents to this effect. With the affirmative vote of the board the first hygienic laboratory in the United States and the second in the world was established. Examination of sputum specimens to locate tuberculosis germs soon became a large part of the work of this laboratory.

Though the belief of the individual members of the Board of Health in the contagiousness of tuberculosis was so early established, the disease was not placed on the official list of reportable diseases until ten years later.

Between 1890 and 1895, the State Board of Health instituted what it rather quaintly termed in its reports a "campaign of education." Circularization of printed matter became so extensive that the wags of the state dubbed the department the "State Literary Bureau." Patients, contacts of patients, school children and teachers were thoroughly instructed in the fact that the sputum of patients contains the germs and that dried sputum particularly is a menace. Discussion of tuberculosis control became general. No sanitary convention adjourned, no meeting of physicians concluded its deliberations until the prevalence and prevention of tuberculosis had been considered. The meeting of the State Medical Society in 1894 scheduled six papers on this topic.

The State Board of Health recommended that "coughing consumptives" be excluded from the schools and gave school authorities the right of exclusion by reminding them that "a school board should be able to enforce the order of the local board of health respecting persons whom the board of health shall decide to be suffering from a dangerous communicable disease."

Spasmodically but repeatedly during ten years the board had considered a leaflet on the restriction of tuberculosis for general distribution but members of the board could not agree on the wording or facts. The circular was finally adopted in 1891 and was given wide distribution through health officers and newspapers. Michigan's first circular on the "Restriction and Prevention of Consumption, sometimes called 'Tuberculosis,' 'Phthisis,' 'Phthisis Pulmonalis,' 'Tubercular Phthisis,' 'Tubercular Consumption,' or 'Pulmonary Consumption,' " is characterized by compromise words such as "mainly" and "frequently:"

> "Consumption is the most common and fatal disease. In Michigan, it causes more deaths than any other disease . . . A large part of this mortality can and ought to be prevented.
>
> "Consumption is now known to be a communicable disease, in which, frequently, the contagion is carried from the dried sputum of a consumptive to the lungs of a susceptible person, where it grows and multiplies and thus produces the disease. The germ which causes consumption is called the Bacillus tuberculosis, and it is present in the sputa of consumptives.
>
> "The mode of communication of this disease is mainly from the dried sputa from consumptives. The germs in the sputa are carried into the air by sweepings, and deposited upon walls or contents of rooms, or find their way to the lungs of persons.
>
> "It is evident that the only certain preventive of consumption is to destroy the sputum from the consumptive before it has an opportunity to dry and scatter the seeds." (1892.)

Then follow detailed instructions regarding the disposal of sputa, destruction of dejecta, ventilation of buildings, personal precautions, disinfection, boiling of milk and avoidance of exposure to cold.

The impracticability of reporting and quarantining a disease in which infectiousness extends over a period of years had so complicated the procedure of control that the board postponed placing tuberculosis on the official list of "dangerous, communicable diseases." In September, 1893, the delayed resolution was adopted, making the Michigan State Board of Health the first State Board to take action for the notification of this most important cause of deaths. (1894.)

> "Resolved, That hereafter, consumption (and other diseases due to the Bacillus tuberculosis) shall be included in the official list of 'Diseases dangerous to the public health' referred to in Sections 1675 and 1676 Howell's Statutes, requiring notice by householders and physicians to the local health officer, as soon as such disease is recognized."

This resolution was printed on slips and broadcast through health officers and newspapers. On the reverse side of the slip was printed the following explanation regarding quarantine:

> "The question of isolation is not mentioned. Its purpose is to secure to the local health authorities and to the State Board of Health information of the location of each case of

this most dangerous disease, with the view of placing in the hands of the patients reliable information how to avoid giving the disease to others, and in the hands of those most endangered, information how to avoid contracting this disease."

Education of teachers in ways to prevent the spread of tuberculosis was concentrated upon after the passage of Act 146, Public Acts of 1895, which required that "there shall be taught in every year in every public school in Michigan the principal modes by which each of the dangerous communicable diseases is spread, and the best methods for the restriction and prevention of each such disease." With "consumption" leading all causes of death, much attention was given to instruction in means of prevention.

In 1908, the Michigan Tuberculosis Association brought up powerful forces to attack. A public opinion was produced that demanded sanatoria for the advanced case, clinics and expert clinicians for the hidden case, and care of the tuberculosis patient at large that would surround him with fortifications to protect the public. Later "campaigns of education" increased reporting and location of cases, stimulated the building of sanatoria and organized free clinics. The legislature contributed endorsement by compelling the reporting of all tuberculosis cases and appropriated funds for a survey of the state to locate cases and encourage treatment.

LEGISLATION

During the first fifteen years of official control of tuberculosis, the State Board of Health was content to act under its own regulations. Physicians failed to report cases, however, under the original enabling act of the board which required the reporting of all "diseases dangerous to the public health" and stringent legislation became necessary. The legislature of 1909 enacted a law (Act 27, Public Acts of 1909) designating tuberculosis an infectious communicable disease and requiring physicians to report all cases in which the bacilli could be demonstrated in the sputum—the State Board of Health was authorized to pay fifty cents for every case report. This law remained in effect until 1927 when a new tuberculosis code repealed the entire 1909 law.

Previous to this, in 1905, a law was passed creating a State Tuberculosis Sanatorium (Act 254, Public Acts of 1905). This was the first definite legislative recognition of the problem of tuberculosis control in Michigan.

The individual drinking utensil law (Act 93, Public Acts of 1913) which removed the common drinking cup from public stands, and the anti-spitting law which placarded railroad trains and stations with warnings, were adopted as anti-tuberculosis measures.

The legislature of 1915 (Act 238) appropriated $100,000 for conducting a survey to uncover as many hidden cases of tuberculosis as the time and funds would allow.

The 1909 law, though giving the necessary legal support to the demand that cases of tuberculosis be reported, failed to make any provision for the care of the indigent patient. Officials estimate that 85 per cent of sanatoria patients are indigent. If this is true, machinery for the care of the indigent cases becomes indispensable. The new "tuberculosis code" was designed to remedy this defect in the law. Act 314, Public Acts of 1927, makes it the duty of the health officer in whose jurisdiction a case needing hospital care and treatment is found to furnish such care and treatment immediately and to find means for paying the hospital bill later. Formerly, indigents were cared for under the general poor laws which required that the county of residence of the patient should be responsible for the patient's care. While wheels were being set in motion to establish the residence of the patient and his indigency, he remained unhospitalized.

The construction of hospitals or sanatoria was legally sponsored by Act 139, Public Acts of 1909, by which county boards of supervisors are authorized to raise necessary funds by taxation. Act 237, Public Acts of 1917, amended this law to provide for the payment of state aid, not to exceed $3,000.00 per year, to those county sanatoria used exclusively for the treatment of tuberculosis and meeting certain standards of the State Board of Health. A new county sanatoria law (Act 177, Public Acts of 1925) superseded the 1917 law; by it sanatoria standards were raised and state aid was increased to one dollar per day for each indigent person.

A law passed in 1923 made the wives of men suffering from tuberculosis beneficiaries of the Mothers' Pension Act.

MICHIGAN TUBERCULOSIS ASSOCIATION

Under the name of the Michigan Association for the Prevention and Relief of Tuberculosis, the present Michigan Tuberculosis Association was established February 21, 1908, at an organization meeting at the Hotel Pontchartrain, Detroit, attended by more than three hundred persons. Though sentiment in Michigan was mature for the formation of a state society, the Michigan Tuberculosis Association was instigated by an outside agency. During September, 1908, the International Congress on Tuberculosis was to meet in Washington, D. C. At the request of the Congress, to coördinate and extend its work, state associations were being formed and the Michigan Tuberculosis Association was organized to give the state representation at the September meeting. This was the direct cause of organization; the quickened conscience of the people toward their responsibilities in the control of the disease was the indirect cause.

The Committee of Organization consisted of the following men: Dr. Collins H. Johnston, chairman, Grand Rapids; Dr. C. G. Jennings, Detroit; Dr. Henry J. Hartz, Detroit; Dr. George Dock, Ann Arbor; Dr. V. C. Vaughan, Ann Arbor; Dr. Frederick G. Novy, Ann Arbor; Dr. C. B. deNancrede, Ann Arbor; and Dr. Aldred S. Warthin, Ann Arbor.

The officers and executive committee chosen at the meeting on February 21 were: President, Dr. C. G. Jennings, Detroit; vice-presidents, Mrs.

Huntley Russell, Grand Rapids, and Dr. E. T. Abrams, Dollar Bay; secretary, Dr. A. S. Warthin, Ann Arbor; treasurer, Dr. H. J. Hartz, Detroit. Executive committee: Dr. V. C. Vaughan, chairman, Ann Arbor; Dr. Guy L. Kiefer, Detroit; Mr. D. E. Heineman, Detroit; Mrs. Huntley Russell, Grand Rapids; and Dr. F. W. Shumway, Lansing.

The signers of the Articles of Incorporation for the Association were: Dr. C. G. Jennings, Mr. Frank B. Leland, Dr. Henry J. Hartz, David E. Heineman, Dr. Herbert M. Rich, Dr. J. B. Kennedy, Dr. Guy L. Kiefer, and Mr. Samuel T. Douglas.

The formation of local tuberculosis societies to facilitate the location of cases and the distribution of information was the first activity of the association. Later, extension of public health nursing service was its concern. At the end of 1908, there were four visiting nurses on tuberculosis work, outside the city of Detroit. Seven years later, there were fifty-nine visiting nurses, exclusive of Detroit, and four county nurses. Open-air schools, dispensaries, clinics and more efficient health departments resulted from the presence of these nurses in communities.

Organized as a propaganda association, the influence of the Michigan Tuberculosis Association in securing the passage of tuberculosis laws was considerable. Though the law requiring physicians to report cases of tuberculosis was introduced only a year after the organization of the association, the prestige of the members of its board of directors was invaluable for legislative pressure.

The law authorizing the tuberculosis survey of 1915 was given tremendous impetus by the association and when the legislature failed to appropriate funds to continue the work of the survey, the association became responsible for the clinics started by the survey plan. A traveling clinic for county-wide service was organized in 1918. Two years later this clinic was taken over by the Michigan Department of Health and maintained by that department until 1924 when the Michigan Tuberculosis Association again became field agent and manager. The clinic fulfilled its purpose of locating cases since thirty-five people out of every one hundred examined were found to be either suspicious or active cases.

TUBERCULOSIS SURVEY OF 1915

By 1915 it had become apparent that some state-wide effort was necessary that would more accurately show the extent of the tuberculosis problem and at the same time arouse public sentiment in favor of more adequate control measures.

A survey was determined upon, and the legislature of 1915 appropriated $100,000 to carry it on. The survey had a three-fold objective: (1) to find by actual physical examination every case of tuberculosis that could possibly be discovered in every community in the state; (2) to give every person so discovered and his family all the information necessary to make an effective fight for health; (3) to arouse each community as much as possible during the limited time at command to a realization of the necessity of bending every local energy to an effort to cope with the disease locally.

That the first objective of the survey could not possibly be reached, the most enthusiastic of its advocates undoubtedly admitted, but that it was not entirely visionary is shown by the figures for the first year's work. From October 1, 1915, to October 1, 1916, clinics were held in thirty-eight counties. Of the 11,528 persons examined, 2,914 cases of tuberculosis were found and 2,231 suspected cases.

The actual work of the survey began in July, 1915, and continued until June, 1917, reaching 70 of the 83 counties in the state. A local campaign extended through three weeks, two weeks, or one week, depending upon the population of the community. In a three weeks' campaign, during the first week the nurses visited physicians, obtained their coöperation and, more practical and less altruistic object, lists of tuberculosis suspects. The second week was clinic week and the third educational and follow-up week.

A study of housing conditions was carried on coincidentally with the clinic work, and a comprehensive publicity campaign with both local and general application kept the public constantly informed and interested in the survey.

The staff for the survey included eighteen or twenty persons, besides part-time diagnosticians,—a director, an expert tuberculosis diagnostician, eleven nurses, a superintendent of nurses, speaker, publicity director, housing survey expert, and an organizer of county tuberculosis societies.

Special emphasis was placed upon work with children since it was recognized that herein lay much of the hope of prevention.

SANATORIA, DISPENSARIES AND PREVENTORIA

Warning of the need for a "state hospital for consumptives" was given as early as 1894 when Dr. Henry B. Baker, then secretary of the State Board of Health, impressed the exigency upon the board. Under the board's tutelage, a bill was introduced in the legislature but the lawmakers, luke-warm to the occasion, failed to report the bill out of committee. Repeatedly, in the following ten years, the State Board of Health made a similar request and repeatedly it was disregarded. Ultimately, in 1905, a bill passed both houses which appropriated $30,000 for the site and buildings of a sanatorium and for maintenance for two years. The high, rolling land of Livingston County was selected for the site and an administration building and one shack were built the first year. Succeeding years, and legislative sessions, have seen many spirited controversies over the state sanatorium, and steady additions and improvements.

COUNTY SANATORIA

As scientific opinion began to rely less upon climate as a factor in the treatment of tuberculosis and more upon the triple principle of sanatorium care—rest, fresh air, food—the advantages of several sanatoria located in different sections of the state became apparent. With the giving of legislative approval in 1909 and of state aid in 1917, county sanatoria came into existence. Medical supervision and financial assistance have been contributed by the state, until sanatoria standards have been raised to such a point that the last inspection by the National Tuberculosis Association elicited the report that probably no other state in the Union has shown such a rapid advance in its sanatoria. "Not only do the majority of the institutions investigated conform to the requirements of the Sanatorium Standards as adopted by the American Sanatorium Association and the National Tuberculosis Association, but, in addition, it is apparent that the managing officers of the various institutions have endeavored to conform to the regulations as specified under this act."

A previous survey in 1923 by a member of the staff of the National Association, conducted upon the request of the State Department of Health and the State Tuberculosis Association, had shown deficiencies and crystallized needs so that the improvement reported in 1928 materialized.

The county sanatorium law of 1925, amended by the legislature of 1929 to apply to all local sanatoria approved by the Michigan Department of Health, insures high standards and adequate financial support. The standards require that a sanatorium have a minimum capacity of fifty patients, thus eliminating the old, small tuberculosis hospital that was often nothing more than a boarding-home or retreat for consumptives on county poor farms, where doors and windows were shut, and where medical treatment occasionally consisted of self-administered cough medicine.

The institution must employ a full-time physician, provide modern X-ray equipment, have a graduate nurse as supervisor of the nursing staff, and must furnish patients with occupational therapy work. State aid furnished under this act increased more than two hundred per cent in the first three years of the law's operation, $41,772 being furnished for the year ending June 30, 1926, and $133,883 for the year ending June 30, 1928.

TUBERCULOSIS IN CATTLE

One of the earliest records of tuberculin testing of cattle in the Michigan State Board of Health reports is in 1895, when the herd at the State Public School was carefully examined for tuberculosis by the state veterinarian, members of the State Live Stock Commission, and laboratorians from the University of Michigan. The next year there was evidence of widespread agitation and the Governor personally entered the lists for safe milk supplies. The State Board of Health gave general distribution to a statement endorsing the sterilization of public and domestic milk supplies, and the 1897 report of the board contains a record of tuberculosis in cattle from ten localities.

By January 1, 1930, the testing of the herds of the state to locate infected animals, which was begun in 1921 by the State Department of Agriculture and the United States Government, will be completed. With the clearing of these herds of diseased cattle, Michigan will be placed in the accredited area, one of the first of the states, and the first large dairy state, to have its herds free from tuberculosis.

TYPHOID FEVER IN MICHIGAN

"I know of no other state or other board of health which undertook at so early a date to systematically labor by educational efforts for the prevention of typhoid fever," wrote Dr. Henry B. Baker, secretary of the Michigan State Board of Health, in 1905.

"The Michigan Board of Health was the first to collect evidence as to the effect of isolation and disinfection for the restriction of typhoid fever. Such evidence has been collected since 1890. About ten years ago some results of this work were presented to a meeting of representatives of state and other boards of health, and they seemed to be astonished that there should be a lessening of typhoid fever by those two measures. Within a few years other evidence has been accumulating, and, although at present it is being taught by the bureau of health of the German Empire, and by eminent investigators in this country that 'typhoid fever is a contagious as well as an infectious disease,' the first proof that the disease can be restricted by isolation and disinfection was developed by the contagious disease statistics commenced fourteen years ago and published by the Michigan State Board of Health."

The story of the gradual control of typhoid fever in Michigan as it can be traced in the records of the State Board of Health is a very human one, with its errors, and its humor, and its inevitable progress. Even in the early days, before the laboratory, the clinical, or the epidemiological picture of typhoid fever was clear, the correct solution of its control was guessed. The cause of the disease was not known, the course was only partially charted, and the administrative measures necessary for its prevention were in doubt. As always, traditional beliefs died hard and circumstantial evidence proved strange things. Slaughter houses, decaying vegetables, rotting sawdust, odors from drains, a decomposing turtle, and even the blight on peaches were suspected in their turn. But the underlying trend of public health practice was persistently sound. Belief in the primary importance of safe water and safe waste disposal, while it was occasionally over-shadowed, never suffered any lasting eclipse.

As early as 1874, the second year of existence of the Michigan State Board of Health, the following paragraphs appear in the annual report of the Board in an article on "Draining for Health."

> "Typhoid fever, or the Enteric Fever of Louis, under unfavorable management a contagious disease, and spreading by means of contagion to a wide extent, and depending upon a specific poison, as is the case in scarlatina, variola, etc., is under certain conditions of the system more likely to make its advent. Among the causes favoring these conditions and predisposing towards it, as shown by experience, is the decomposition of animal and vegetable matter, and particularly the decomposition and dissemination in the air and water, of animal excrement.
>
> "The advantages of draining in the removal of the surplus water of the subsoil and permitting the absorption of the dangerous and poisonous decomposing matters from the

surface of the soil, and the influence of sewerage upon this disease has been well marked; and it is usually the case that some defect in the proper drainage and sewerage is observed when this disease appears in an endemic or epidemic form."

Again in 1875, in a discussion of "The Disposal of Human Excreta: Dangerous Errors, and How To Avoid Them," we find the very modern statement, "Drinking water thus contaminated has been shown to be one of the most fruitful sources of typhoid fever and other zymotic diseases. A single well thus contaminated may be the source of quite a widespread epidemic."

One of the first mentions of epidemic typhoid is found in the Report for 1876. Early in the spring of that year an outbreak of typhoid was reported to have occurred at Port Sanilac. Inquiry addressed to the clerk of the local board of health and to a physician of Port Sanilac, who was one of the regular correspondents of the board, brought forth conflicting opinions. The deputy clerk, who answered the inquiry, suggested that the cause of the epidemic was not a defective drain or sewer, since of the many people using water from the well supposed to have been contaminated by sewage matter from the drain, only a few were sick. He admitted, however, that it was true that the disease was mainly confined to the families using water from that well. He added, "The Board of Health ordered everything cleaned up, and forbid the slaughtering of all animals within one-half mile of the village, since which time it has been comparatively healthy."

The physician reporting offered as his solution of the case that the first family attacked, "who used good pure water from another well, contracted the disease by inhalation, living at the very source of the poison; and the other cases from the use of impure water." It is worthy of note that a study of this epidemic from the standpoint of age groups affected was made in the office of the secretary of the State Board of Health.

Not so modern in its effect is a report of an epidemic in the township of Cannon, Kent County, in 1875, where ten cases of typhoid occurred. In this instance the health officer hazarded the opinion that the cause was the effluvia from decaying vegetable matter.

A report in the same year gives the facts of an outbreak in the township of Middle Branch, county of Osceola, signalized by the intriguing detail that the first case of typhoid was that of a lumberman "who was considered the toughest man in this part of the country." The outbreak was judged by one of the local physicians to be directly traceable to overcrowding in the logging camp, lack of ventilation, and decomposing organic matter.

Lenawee County also experienced typhoid in 1875, which a local doctor made unique by stating: "It could be traced to no other source than to the use of water from a well contaminated by the decomposing organic matter of a dead turtle."

In submitting the Fourth Annual Report of the State Board of Health, and summing up the current information on typhoid fever, Dr. Henry B. Baker, secretary, suggests, "It may be found that the idea that typhoid fever can only be conveyed by the excretions of persons sick with the disease, will have to be so far modified as to include the idea that the contagium is capable of reproduction, not only in the human organism, but also outside the body in decomposing organic matter having certain constituents, whether derived from the animal or the vegetable kingdom."

Belief in the connection between typhoid fever and decaying organic matter persisted. The finding of dead animals or even decayed vegetables in a well was equivalent to having located the source of an epidemic. One householder in 1877 triumphantly reported that he had satisfied himself as to the cause of his father-in-law's typhoid since they had found dead frogs and toads when they cleaned the well. He added as further proof that he felt sure "if they had dug further they would have come to cats."

There was occasional insistence that the air was "the vehicle for the communication of the poison of this disease." In one case reported in 1877, the man, a teamster, in going to and from his work had to pass some particularly ill-smelling outbuildings belonging to a neighbor. He contracted typhoid, and in the mind of the health officer reporting there was no doubt but that the odor was responsible. In a report on typhoid fever sent in two years later, one physician suggested as a preventive of typhoid fever the expedient of "a belt of trees, either planted or left in clearing on the west side, or on that side of the house from which the prevailing winds blow."

In 1878, and again in 1880, the possibility of a connection between typhoid fever and decaying wood came up for discussion. Dr. H. O. Hitchcock, a member of the State Board of Health, reporting in 1878 as a member of a Committee on Decomposing Organic Matter, on "Concerning the Relation of Wood Pavements and Wood Sidewalks to Public Health," gave as his conclusion, "No well authenticated facts have been observed respecting the causal relation of decaying wood on the surface of the ground, and any of the zymotic diseases."

In 1880, Dr. J. H. Kellogg, also a member of the Board, presented a paper on "Emanations from Decaying Wood, a Cause of Disease." While the main emphasis of the report was upon the possible relation between decomposing sawdust and malarial diseases, typhoid fever came in for some attention.

At the popular Sanitary Conventions, one of the Board's favorite methods of public enlightenment, paper after paper was read on "Drainage," "Sewerage," "The Disposal of Waste Products," and "Water Supplies." Emphasis upon safe waste disposal was constant. Dr. Henry B. Baker, speaking at such a gathering in Grand Rapids in 1880, said in part:

> "There is good evidence that the greatest danger from typhoid fever comes from what goes into the stomach, and not from the air taken into the lungs, and that of all sources probably the most frequent is water contaminated with the discharges from persons who have had the disease. . . . The poison of the disease seems to be reproduced in the intestine and not usually on the outer surface of the patient. In typhoid fever, then, the health officer need not quarantine or isolate the patient, for it is not common to have the disease spread by breathing the same air in which the sick person is; but the health officer should carefully superintend some of the details in every case of typhoid fever. He should re-

> quire the discharges from the bowels of the patient to be thoroughly disinfected, and not permit them to go into any accumulation of excreta from whence they may eventually return to plague the human race.
>
> "It has been thought that typhoid fever has sometimes been caused by breathing in the ferment given off from decomposing organic matter; and diarrheal diseases have been known to be caused in a similar manner, although it has not been demonstrated that the ferment was itself inhaled. Generally we have a right to assume, however, from the evidence of observed facts, that wherever we find the odors of decomposition in connection with organic matter, there also are the special ferments of that particular decomposition, unless unusual circumstances have caused a separation; for the bacteria of decomposition are exceedingly minute, and they or their germs appear constantly to float in the air of foul places. The health officer should be required to search out all such places and to abate any such nuisances. By means of lectures and circulars, and otherwise, he should instruct all classes as to the best means of preventing this disease. If he prevents typhoid fever he will prevent about five per cent of all the deaths which now occur from all causes; and he will save his city from a great waste of life and money."

Again in 1881, we find Dr. Baker saying, "We know that the typhoid fever poison is communicated by water and by milk; but we need investigations to learn in what other ways it may be communicated, and how it is propagated, whether always in the body or sometimes outside the body, and in what lower animals."

A circular of instructions for health officers issued by the State Board of Health in 1882, contained the following information on typhoid fever:

> "Typhoid fever is believed to be a disease often communicated by means of water or milk contaminated with the discharges from typhoid fever patients, or with the remains of those who have died from the disease. Hence typhoid fever might often be prevented by a thorough disinfection of such discharges, and by requiring that those who have died from the disease shall be buried entirely away from all sources of water-supply, and by condemning sources of water-supply already thus contaminated."

In May, 1883, the first blanks for weekly reports of the progress of an outbreak of any disease dangerous to the public health were supplied to local health officers.

At this same time, Dr. Henry F. Lyster, a member of the State Board of Health, in "A Report Upon the Limitation and Prevention of Typhoid Fever," says in part:

> "Among the recognized predisposing causes are youth, season, rainfall, diet, exposure, exhaustion, mental depression, dampness, bad air, stagnant water, imperfect drainage and malaria. . . . Today the theories of bacteria and micrococci and specific germs are dominant, and few if any diseases are without their specific organism. . . . We are in the bacterial age of medicine, and I am not prepared to deny the fact that there is a specific germ or micrococcus or material organism peculiar to typhoid fever. The clinical history of this disease strongly goes to prove the fact of the existence of a specific cause; whether it is a material organism or a septic poison has not as yet been demonstrated. . . . It would be safe to accept at the present time, with our knowledge of this fever, the view that while it is a contagious disease, and the germs of the disease are easily and rapidly disseminated, particularly by the food and drink supplies, it can also be produced *de novo* by a variety of causes, and by none more readily than by being subjected to the contaminating influences of decomposition of organic matter, whether in water, earth, or air. . . . We may sum up the methods of limiting typhoid fever under the following general directions:
>
> 1. Isolation or quarantine, a separation of the sick from the well.
> 2. Cleanliness and disinfection of the dwelling and premises.
> 3. Good water, deep living wells, good ventilation, good food, no surface water wells, dry houses, dry cellars, dry bedrooms, dry walls, warm houses in winter, and cool houses in summer, thorough under drainage of premises, and drainage of cellars, plenty of sunlight in the rooms, and on the house, plenty of air about the house, shade trees not too near, underpinning, foundation, and floor of house dry and sound not dozy or affected by dry rot, and finally the removal of all malaria-generating localities such as swamps, mill-ponds and overflowed lands, by relief of the water, and lowering the ground water of the region."

Comparison was frequently made between urban and rural death rates. Dr. Lyster, speaking at a Sanitary Convention in Hillsdale in 1884, announced, "Typhoid fever is found to prevail, in this country, to a much greater extent in the rural districts than in the city, that is, in proportion to the population. This is contrary to the generally received idea on the subject. In a city like this, suppose a person comes here from some other town, after having contracted typhoid fever; more cases are likely to occur, and upon examination it will be found that the cause of the spread of the disease lies in a defective system of drainage."

Beginning about October 1, 1884, the State Board adopted the method "of communicating with health officers immediately on the report of the occurrence of typhoid fever—calling attention to the necessity of disinfecting the discharges from the bowels of all patients sick with that disease, and of examining into the subject of its relation to the water supply with a view to guarding against further cases, stopping its use if necessary. This work was begun because of the similarity of the methods of spreading typhoid fever and cholera."

No discussion of early public health work would be complete without mention of the painstaking observations carried on for so many years by Dr. Baker on climatic causes of sickness. The old State Board reports are full of tables depicting meteorological conditions, the relative amount of ozone in the atmosphere, the velocity of the wind, and the amount of rainfall. Attempts were continually made to link up unusual weather conditions with increased or decreased prevalence of disease. Especially was typhoid fever connected with the depth of water in wells.

The first popular pamphlet for the education of the general public along typhoid fever lines was authorized by the Board in 1885, when the secretary was empowered to issue a "document" for that purpose. In the light of our present-day understanding of typhoid fever, the bulletin was a masterpiece of compromise and evasion. "Is believed to be," "may be," "apparently," "experience seems to prove," "probably," and "nearly all agree" modify every statement. The pamphlet contained detailed warnings regarding the protection of water supplies, recommending boiling of drinking water in the event of an epidemic, as "ordinary filtering will not destroy the germs." It was furnished to health officers for distribution to the family and neighbors of a person ill with the disease.

In April of that same year a circular letter was sent to physicians in which occurred the following paragraph relating to typhoid fever:

> "This Board regards Typhoid Fever as a communicable disease, and one coming under the section quoted below (the law requiring the reporting of all diseases dangerous to the public health). Cases of this disease should be reported to the health officer, the same as cases of smallpox, scarlet fever, or diphtheria."

An idea of the extent of typhoid fever in Michigan at this time is given in a paper prepared in 1887 by Victor C. Vaughan and Frederick G. Novy entitled "Experimental Studies on the Causation of Typhoid Fever with Special Reference to the Outbreak at Iron Mountain, Michigan." The report reads, "There are, on an average, about 1,000 deaths and 10,000 cases of sickness from this disease annually in Michigan. These figures can be greatly reduced if people will cease polluting the soil about their houses with slops, garbage, cesspools, and privy vaults, and will see to it that their drinking water is pure beyond all question."

In 1888 Dr. Vaughan presented a short verbal report of the work done during the quarter in the State Laboratory of Hygiene at the University. Dogs and cats had been inoculated with the typhoid germ found in the Iron Mountain drinking water, and a regular run of typhoid fever was produced in the dogs, the same as in man, whereas the cats, when inoculated, died very soon."

The possible relation between typhoid fever and fog came up for consideration in 1889, in a discussion of the modes of transmission of the disease. While the contamination of the water supply was granted to be the most common means of spread, "there are many instances in which the disease seems to be spread through the air."

Conflicting opinions as to whether typhoid is communicable from man to animals and from animals to man were cited by Dr. John Harvey Kellogg in 1889, and Dr. Vaughan and Dr. Kellogg were authorized to make experiments on calves and present the results. In the State Board's report for that same year, typhoid is reported to have been caused by decaying fish entrails and by rotting apples. Sheep were also said to have died with evidence of the disease.

The confusion still prevailing in the matter of communicability is shown by the statement, "From reports received at the office of the State Board of Health it is evident that a great many people, and not a few physicians, believe that this disease is not communicable." But the Board held firmly to the opinion that it was caused by a specific germ "conveyed from the bowel discharges of a victim to the alimentary canal of the second victim."

Milk as a possible source of contagion was first mentioned in 1891. An epidemic of typhoid fever in Wyandotte was attributed to the milk used by the patients, a logical assumption since they all used milk from the same cow.

A glimpse of the administrative methods sometimes followed in the event of a typhoid epidemic is given in the Board's report for 1892, when the city council of Iron Mountain appropriated $250 to defray the expenses of an investigation by the State Board of Health. An epidemic of typhoid fever which began in 1887 reached alarming proportions in 1891 with 210 cases and fifteen deaths. A Sanitary Convention was accordingly held by the Board in Iron Mountain in October, 1891, in an effort to educate the community.

For the first time, ice was mentioned as a possible means of transmission of the infection.

Whitefish Township in Chippewa County, in 1895, had the distinction of reporting the first instance of insect-borne typhoid fever noted in the annual reports. "Swarms of flies passed continuously between the privy which had been contaminated by a typhoid fever patient and the kitchen and dining room of the boarding house, the flies crawling over the food on the table." To this unusual observation the secretary of the board answered, "I notice what you say in relation to the flies. It is an interesting suggestion and quite possible."

A diverting episode occurred in 1895, when "yellows" in peaches was confidently reported as the cause of an epidemic of typhoid in Allegan County. Four members of a family were infected and according to the local health officer "they had been working very hard among the peaches which did not seem to agree with them. The four mentioned were engaged in the orchard, and all came down at the same time." The array of circumstantial evidence in favor of the peach blight was tempting, but Dr. Baker refused to be led astray, and urged investigation of the water supply.

At a meeting of the State Board of Health held October 5, 1896, Dr. Baker presented a circular just received from the Provincial Board of Health of Quebec which related to a rapid method for a serum diagnosis of typhoid fever, the work of Pfeiffer of Berlin and Widal of Paris. On December 12, 1896, the city board of health of Kalamazoo issued a circular calling attention of the medical profession to this method of diagnosis, and offering outfits for serum diagnosis free of charge to Kalamazoo physicians.

It was in 1898 that the law requiring the compulsory reporting of deaths went into effect, and from that time on the actual picture of typhoid fever is clearer.

Reviewing the situation in 1905, Dr. Baker says in part:

> "It is now twenty-five years since the Michigan State Board of Health began systematically to teach the adult population of this state the best known measures for the prevention of typhoid fever. Although since that time much has been learned by sanitarians and by the medical profession relative to typhoid fever, enough was known at that time to prove of great use to the people for its prevention. This is evidenced by the fact that the statistics of the State Department show a lessening of the mortality from typhoid fever in Michigan from the time of the beginning of the educational work by the State Board of Health in 1879. Comparing the rate previous to 1879 with that after that date, up to and including the year 1896, the apparent average saving in the later period was about 170 lives per year. Since 1896 the apparent saving has been greater, the average for the years 1897-1903 inclusive being about three hundred per year."

Typhoid conditions in Michigan cities in 1905 are summarized in the *Michigan Bulletin of Vital Statistics* for November of that year:

> "Escanaba had an average typhoid mortality of 114.3 per 100,000 for the five-year period, 1900-1904, with the enormous rate of 360.4 for the last year of the period. Sault Ste. Marie had a five-year rate of 111, "but more persistently high annual rates" than Escanaba. The population of each of these cities was about 11,000 by the State Census of 1904. Menominee, with about the same population, showed an average of 66.9 typhoid deaths per 100,000 for the same five years. The 19 cities having populations ranging from 5,000 to 10,000 in 1904 had an average typhoid mortality of 40.1 per 100,000 for the five years; 8 of these 19 cities averaging over 40 and only 3 averaging under 20 per 100,000 for the period. Of the 6 largest cities in the state, Jackson showed 48.3 and Grand Rapids 44.1 deaths per 100,000 for the five years, their respective population being 25,300 and 95,718. Turning to more creditable records, we find that of the 6 largest cities Detroit (317,591 population) had the lowest average for the five years, 23.3 per 100,000. This is too high,

but we are pleased to note that it is the average of a generally falling yearly rate. In the cities of 10,000 to 25,000 population the five-year averages for three lowest cities are Muskegon (20,897 population), 18.2; Manistee (12,708 population), 17.8; Ann Arbor (14,599 population), 15.1."

With the rapid advance in scientific knowledge of the twentieth century came corresponding changes in administrative procedure in public health work. Installation of water purification processes became general and the effect upon city typhoid fever death rates was phenomenal. Before filtration and chlorination were developed, 'the high rates were found not in the large cities but in the cities in the population group 10,000 to 25,000. Here, where the water supply was generally taken from wells, the risk from typhoid was great. In this group the average death rate from typhoid fever from 1904 to 1912 was 48.7 per 100,000 population. Only two years later, in 1914, after purification plants had been installed in several cities of the group, the rate stood at 17.4, a reduction of 75 per cent.

What happened all over the state was probably most strikingly exemplified by the experience of Escanaba. As early as 1880, records indicate that the city was aware of an unsafe water supply. In 1904 the death rate from typhoid fever was 360.4; in 1905 it dropped to 200.4 only to rise again to 220.2 in 1907. Then came aroused public opinion, and action. The sewage was treated, and discharged into the bay at a greater distance from the water intake. Filtration was adopted, and five years later this was supplemented with treatment with hypochlorite. The rate dropped sharply from 214.8 in 1909 to 60.7 in 1910, reached 44.3 in 1911, 36.0 in 1912, and 6.8 in 1914.

Vehicles of infection other than water supplies have figured interestingly in Michigan's typhoid history in recent years. During the summer of 1917, a rural typhoid epidemic which presented unusual features and led to unexpected results occurred in the vicinity of Bath, a village about eight miles northeast of Lansing.

A total of fifty-one cases developed in and around the village from May 25 to July 11, resulting in four deaths. On June 6 the township health officer asked aid from the State Department of Health and a department physician was promptly detailed to make an investigation. Water and milk were eliminated as sources of the infection because no supply was common to the majority of the cases. Infection by flies was ruled out because the weather had been cold and damp, and there had been few of them.

The public gatherings attended by the patients received the usual careful consideration, and the food served was repeatedly checked. For a time ice cream was under suspicion, but investigation proved that it could not have been responsible.

For days it seemed that the search was to be unsuccessful until, in questioning one of the patients, attention was called to the fact that he had eaten some cheese. Reconsideration of the case histories, supplemented with additional questioning, developed the fact that in nearly all of the primary cases the patients had eaten cheese during the probable period of infection.

Then came the laborious task of tracing the cheese, back to a Lansing wholesaler, to a Chesaning company, then to a factory at Marion Springs, and finally to the dairies furnishing the milk. Investigation and Widal tests narrowed the search to two persons who had had typhoid fever and who had handled the milk.

Hillsdale, in 1920, furnished an excellent illustration of a milk-borne typhoid fever epidemic. Survey of the first cases reported pointed to the milk supply as the source of infection. By the process of elimination, the trail led to a milk distributor who proved to be a carrier. Sale of milk from the premises was prohibited, a city ordinance was passed requiring that all milk sold in Hillsdale be pasteurized, and means were provided for free immunization against typhoid. A total of eighty-three cases and eight deaths occurred before the epidemic was checked.

The control of carriers is the more modern aspect of the typhoid problem. In the Annual Report of the Michigan Department of Health for 1925 we find the first mention of definite measures to deal with it. "Plans for supervising of Michigan's typhoid carriers have been inaugurated. Twenty-five known carriers have been examined and have been given instructions regarding their occupations and personal hygiene. These individuals have agreed not to engage in occupations which involve the handling of milk products or raw foods. In one instance, the State Administrative Board granted funds for the partial maintenance of a carrier. There is need for legislation regarding the disposition of typhoid carriers and their means of support."

A Brief Summary of Vital Statistics

"The acid test of public health work is found in the death rate." This quotation is from Prof. George C. Whipple, one of the sanest of the vital statisticians of recent years. In the following discussion of the vital statistics of Michigan we will take the period from 1900 to 1927, inclusive, because during this period the deaths were well reported and the figures may be considered fairly accurate.

The crude death rate in 1900 was 14.0. This means that fourteen persons of every 1,000 population died during that year. In the succeeding twenty-eight years this rate has been higher on only three occasions, the highest rate for the period being in 1918 at the time of the great pandemic of influenza. Then the rate rose to 15.2 per 1,000 population.

In 1910 and in 1920 the state had a rate of 14.2 per 1,000, two points higher than that of 1900. In the year 1906, the rate was the same as it was in 1900, namely 14.0 per 1,000. The lowest rate experienced in this period, and probably the lowest in the history of the state, was recorded in 1922 when the rate was 11.2 per 1,000. In 1927 it was 11.5. This would indicate that there has been a steady and satisfactory decrease in the death rate during this period of twenty-eight years.

INFANT MORTALITY

Much more remarkable, however, than this decrease in the death rate, is the decrease in the infant mortality rate. In the year 1900 the infant mortality rate was 157.1. This means that 157 children under one year of age died for each 1,000 births. In other words, of the number of children born, 157 failed to reach their first birthday. At no other time during the twenty-eight years did the rate reach this high figure. The next highest rate, 150.2, was in 1905, and 1927 saw the lowest infant mortality rate in the history of the state, 67.9, only about 43 per cent of the rate that was experienced in the year 1900. Putting this in another way, if the rate of 1900 had prevailed in 1927, there would have been 15,700 deaths of children under one year of age, whereas there were only 6,783. A total of 8,917 children are alive today who would not have been living if the rate of 1900 had prevailed.

Due to the fact, however, that the accidental fluctuation of almost any single year may be misleading, let us make a comparison of the infant mortality in a slightly different way. In the five years 1900 to 1904, inclusive, there were 225,571 births reported and there were 32,041 deaths of children under one year of age. This is equivalent to an infant mortality rate for the five years of 142.04.

In the five years 1923 to 1927 inclusive, the last five years in the group under consideration, there were 488,355 births and 36,471 deaths of children under one year of age. This is equivalent to an infant mortality rate of 74.68 for this five year period.

Now if the rate of the first five year period, namely 142.04, had prevailed during this last five years, there would have been 69,366 deaths of children instead of the 36,471 that actually occurred. This means that 32,895 children enjoyed their first birthday who would not have done so had the rate of the first five years prevailed.

MATERNAL MORTALITY

It is probable that few causes of death so directly reflect the medical practice of a community as do the maternal mortality rates. This rate should not be confused with the number of deaths from puerperal causes which, like every other specific rate, is based on the entire population, but the maternal mortality rate is the number of deaths of women in childbirth per 1,000 women exposed to this possibility. This means per 1,000 births.

In the year 1900, of each 1,000 births, 10.3 saw the loss of the mother. This rose to 12.3 in 1901, dropped again to 10.3 in 1902, and since that time has shown a constant decrease, with, however, considerable fluctuation. The rate for 1927 was 6.7. While this rate is satisfactory compared to the rates in the early years of the century, it is still very much too high, higher than those shown in some of the other states and in some European countries.

Infant mortality and maternal mortality are peculiarly amenable to public health work, since there is no condition that shows as ready response to good public health work as the infant mortality rates; education, sanitation, and control of milk supplies are promptly reflected in the lives of young children.

TYPHOID FEVER

Typhoid fever is regarded by sanitarians as a disease that is readily controlled. The means by which it is spread are well known, and it is considered a disgrace to a modern community to have any significant number of cases of typhoid fever. Rosenau refers to typhoid fever as a "sanitary short circuit."

That progress in the control of typhoid fever in Michigan has been made is evident when we consider the death rates from this disease for the past 28 years. In 1900 there were 824 deaths from typhoid fever in Michigan. This is equivalent to a specific death rate of 34.0 per 100,000 population, decidedly the peak year in the period under consideration.

In 1901 the deaths had dropped to 615 and the rate to 25.0. In 1906, it rose again to 719 deaths with a rate of 27.1, and in 1907 there were 721 deaths with a rate of 26.8. From 1900 to 1910, inclusive, the rate was in excess of 20.0, 23.4 being the lowest rate during this period.

From 1911 until 1917 inclusive, the rate was between 10.0 and 20.0, the rate for 1911 being 19.0 and for 1915, 10.9, the lowest in this period. Since 1917 the rate has been continuously below 10.0 and in 1927 it reached the very satisfactory figure of 2.1. Even this represented 94 deaths and probably more than 900 cases of an exceedingly dangerous disease which is entirely preventable.

MEASLES

Measles, probably more than any other communicable disease, is marked by waves, coming in cycles three to four years apart. The reason for this is probably that when the disease is prevalent in a community, all of the susceptible children have it, and as a case of the disease seems to confer immunity against future attacks, we do not have a considerable rise until there is a new crop of non-immunes in a community.

The year 1900 was evidently a peak year because there were 342 deaths from measles, equivalent to a rate of 14.1 per 100,000 population. The rate did not rise above 10.0 again until the year 1916 when it reached 10.9 with 363 deaths. Again in 1920 there were 436 deaths with a rate of 11.9 and in 1926 almost 40,000 cases were reported in the state, and we know that by no means all cases are reported. During that year there were 577 deaths, a rate of 13.5 per 100,000 of population. The year 1927 saw a sharp drop to 67 deaths and a rate of 1.5 per 100,000. There is little that can be done to control measles and about the only possible thing is to keep children away from the opportunity of infection when the disease is prevalent in a community.

SCARLET FEVER

Scarlet fever showed 272 deaths in the year 1900, equivalent to a rate of 11.2 per 100,000 of population. This rose in 1901 to 312 deaths and a rate of 12.7, the highest rate experienced within this period. In 1902 the rate dropped to 11.1, in 1910 to 10.6, and in 1917 to 10.0. At no other time during the 28 years did the rate rise to 10.0 or above. In 1927 the rate had dropped to 3.8, there being 168 deaths, but there were more than 11,000 cases of scarlet fever reported. From the general statements of the medical profession, it was evident that the disease was so mild that a vast number of cases were not reported, in many instances no physician being called. We must consider that in the matter of scarlet fever, even the mild cases are liable to result in an unfortunate sequela so that the true measure of this disease is not evidenced by the number of deaths.

WHOOPING COUGH

Whooping cough is a very fatal disease for young children and unfortunately it is difficult to make parents understand that they must protect their children from this disease. Parents usually fear scarlet fever but think whooping cough is a small matter. Yet in twenty-one of the twenty-eight years we are considering, the death rate for whooping cough was higher than it was for scarlet fever. This so-called trivial disease actually killed more children than the dreaded scarlet fever.

The highest rate for the period was in 1906 when there were 469 deaths, equivalent to a rate of 17.7 per 100,000 of population. Of the more recent years, 1920 was the highest with 511 deaths and a rate of 13.9. In the past ten years there have been 3,035 children's lives lost from this disease. There is little that can be done to control its spread except to avoid the opportunity for infection.

DIPHTHERIA

So much has been said and written in the past few years in regard to diphtheria that it must be impressed upon the minds of the people of the state that this is the most dangerous and fatal of the communicable disease group and from the standpoint of our present knowledge, wholly unnecessary.

The diphtheria death rate has been exceedingly high for many years and in some of these years Michigan has had the highest death rate from this disease in the world. The rate has varied a good deal in this period, the high points being reached in 1917 and 1921 when the rate was 25.0 per 100,000 of population. In 1920 it was 24.1 and in 1903 it was 23.9. Prior to 1922 the lowest rate experienced in this period was in 1915 when it dropped to 11.1, but 1915 and 1909 were the only two years in which the rate was below 15.0, and in seven of the years from 1900 to 1921, inclusive, the rate was more than 20.0.

The legislature of 1921 enacted a law providing for the free distribution of diphtheria antitoxin and in 1922 the rate dropped to 15.8 from the 25.0 of the previous year. In 1923 it rose to 17.5, then dropped to 12.1 in 1924, and in 1925 Michigan enjoyed the lowest diphtheria death rate in its history, a rate of 8.5. This rose again abruptly to 15.8 in 1926 and dropped in 1927 to 11.7.

With the free distribution of diphtheria antitoxin, it is probable that we have the lowest death rate that we can expect unless we prevent the disease. This is the present program of the Michigan Department of Health—to prevent diphtheria by the use of toxin-antitoxin. This program has now advanced to the point where we can begin to see results, and it is believed that in another ten years or less a very real and lasting impression will be made upon this devastating disease.

TUBERCULOSIS

Relatively a few years ago, tuberculosis was the most important single cause of death, but for more than a generation an active campaign has been carried on to reduce the incidence of and fatalities from this disease. Real progress has been made.

In the year 1900 there were 2,478 deaths from tuberculosis in Michigan, equivalent to a rate of 102.4 per 100,000 of population. Until 1908 there was only one year when the rate was under 100.0. This was in 1902 when it dropped to 97.8. Since 1908, however, there has been only one year in which the rate has exceeded 100.0. That was in 1918, and it was doubtless due to privations and other unfortunate conditions during the war. In 1927 Michigan enjoyed the lowest tuberculosis rate in the history of the state, 67.1 per 100,000 of population, equivalent to 2,952 deaths. The highest rate in the entire period under consideration was 107.0 in 1901. If this rate had prevailed in 1927, there would have been 4,706 deaths from tuberculosis instead of 2,952, a difference of 1,854 deaths. This is certainly an accomplishment that is really worthwhile.

DIARRHEA AND ENTERITIS
(UNDER 2 YEARS)

In the year 1900 this disease caused 2,503 deaths, equivalent to a rate of 103.4. The decline since that time has been almost continuous and in 1927 the rate had fallen to 21.6 per 100,000 of population, there being 949 deaths.

The reduction of deaths from this cause is almost wholly the result of education of mothers in proper feeding of children and the care of food, and in the public protection of food supplies, and progress along these lines is the direct result of good public health work.

SUMMARY

The foregoing discussion covers quite generally the history of communicable disease for the past twenty-eight years in Michigan, but as we stated at the beginning, "the acid test of public health work is found in the death rates," and any factor which tends to increase the death rate is a public health concern. For this reason it seems wise to mention the deaths from automobile accidents.

The first year in which deaths from this cause were kept separately was 1910, when there were 49 deaths, equivalent to a rate of 1.7 per 100,000 of population. In 1911 there were 44 deaths with a rate of 1.5. This has risen rapidly and continuously until 1927 shows the enormous number of 1,237 deaths due to automobile accidents, equivalent to a death rate of 28.1 per 100,000 of population.

So far we have confined our discussion to those diseases which are recognized as preventable, at least to some extent, but while very real progress has been made in these causes, there has been a definite increase in what is commonly referred to as the organic disease group.

For instance, in organic heart disease we find that the rate has increased enormously in the last few years, whereas in the three years, 1900 to 1902, inclusive, the rate for organic heart disease was in the neighborhood of 113 per 100,000 of population. The rate for the past three years, 1925 to 1927, is approximately 165 per 100,000 and whereas the cancer rate in the earlier part of the century was approximately 60 per 100,000 population, it has risen in the last three years to above 90, an increase of more than fifty per cent, and in nephritis the rate has risen from approximately 46 per 100,000 to almost 70 per 100,000.

Of course it is not easy to see just why this rate has increased as it has for these diseases. Possibly our habits of life are a factor but of course it is definitely true that the more deaths that are prevented by the reduction of communicable disease in the early years of life, the more persons there are who are brought into the age group in which the organic diseases become a definite factor. In other words, if a person is saved from a death due to tuberculosis at the age of 25 and lives to 65 or 70, it is probable that he will die of one of the definite organic diseases. Consequently all of the lives saved in early life tend to increase the deaths from diseases of old age.

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As this volume is going to press, comes news of the sudden death, in Detroit, at midnight, May 8th, of Dr. Guy L. Kiefer, author of its concluding chapter. An appreciation of this universally loved physician, eminent sanitarian and companionable associate will appear in the forthcoming volume.

He fought valiantly for high ideals and kept the medical faith. His work was well done.

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